MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07432 CERTIFICATE OF DEATH 7448 Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b, CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) SALIS BURY ocomo d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF 4. DATE Middle Month DECEASED OF DEATH (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months DIVORCED | WIDOWED A 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) death. during most of working life, even if retired) Domestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 72 NONE 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO

YES NO A Year Day 1960 IF UNDER 1 YEAR IF UNDER 24 HRS 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Hour a. m. While Not while of work of work p. m. 196 That I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 5.75 P.M. from the causes and an the date stated above. alive on ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22d TOURION 22c. NAME OF CEMETERY OR CREMATORY City, town, or county) (Stote) REMOVAL (Specify) 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR arihun S. Kraus

e. IS RESIDENCE

ON A FARM?

FUNERAL 0 VS A15 (4) 15M 9/5B

e. IS RESIDENCE

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO Z

(State)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Day

Days

(County)

ON A FARM?

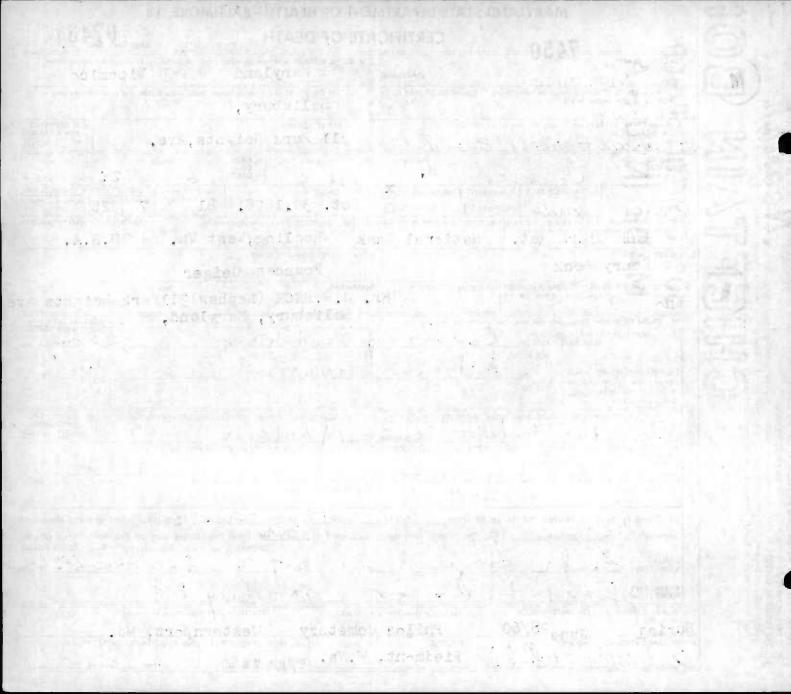
YES NO

Year

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Min.

Permit vide to the contract of



VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,

PLACE OF DEATH 6. COUNTY WICOMICO MARYLAN b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN	11 7 HEHAL RESIDENT	The common descended listed 16 in	
b. CITY OR TOWN If outside corporete limits.	e. STATE	b. COUNT	stitution: Residence before edmissi
b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN		vland	Somerset
	1104	outside corporete limits, write	
write RURAL end give neerest town)		consider corporate mains, write	NOTICE CITY OF THE PARTY TOWN,
Salishury	Princ	ess Anne	19X-2
Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDEN
		7 0 11	ON A FAR
Peninsula General Hospital		nwood Section	
NAME OF First Middle DECEASED	Last	4. DATE Month	Dey Yeer
(Type or print) Railph Bray	Jr.	DERMU /	11-60 19
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeers	
The state of the s	1000 m	Inc. Siethday)	Months Deys Hours Min
M C WIDOWED DIVORCED	Feb. 4,193	25 yrs.	
. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (Stete	or foreign country,	12. CITIZEN OF WHAT COUNT
ne during most Earthorite even if retired) Saw mill	Virginia		U.S.A.
FATHER'S NAME	-		
	14. MOTHER'S MAIDEN		
Ralph Bray, Sr.	Unknov	m	
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	7. INFORMANT	Address	
s, nanos unkown) (Ifyes give wer or detes of service)	cot -		7-
	Clara Bray	Bayview,	va.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]			INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:			ONSET AND DEATH
IMMEDIATE CAUSE (e) Hemorrhage			Sudden
DUE TO			
			11
Conditions, if eny, which geve rise to Immediate cause (b) Bullet wound	or aorta		
(e), steting the underlying DUE TO			
cause lest,			
	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	N IN PART I(a) 19 WAS ALITOR
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	PERFORMED
	T NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	N IN PART I(e) 19. WAS AUTOPS PERFORMEDS YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT			PERFORMED
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. EXTERNAL CAUSE WAS PRIMARY LA OF CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of Injury in Pert	I or Pert II of Item 18.)	PERFORMED
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING CAUSE OF DEATH. 2Db. DESCRIBE HOW INJURY OCCURE Shot by common	D. (Enter neture of Injury in Pert	For Pert II of Item 18.)	PERFORMED YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. EXTERNAL CAUSE WAS PRIMARY A OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURE Shot by common 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2De.	D. (Enter neture of Injury in Pert law wife-Lu. PLACE OF INJURY (Home, ferm	I or Pert II of Item 18.) La Hayward. , 2Df. (City or Iown)	PERFORMED
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. EXTERNAL CAUSE WAS PRIMARY A CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURE Shot by common 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2De. While Not While	D. (Enter neture of Injury in Pert law wife-Lu. PLACE OF INJURY (Home, ferm fectory, street, office bidg., etc.)	I or Pert II of Item 18.) La Hayward. 2Df. (City or Iown)	PERFORMED YES NO ((County) (State)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. EXTERNAL CAUSE WAS PRIMARY FAOR CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 100 Month 100 M	D. (Enter neture of Injury in Pert law wife-Lu. PLACE OF INJURY (Home, ferm fectory, street, office bldg., etc.) Home	l or Pert II of Item 18.) la Hayward. 2Df. (City or Iown) Princess An	YES NO (County) (Stete)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. EXTERNAL CAUSE WAS PRIMARY A CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURE Shot by common 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2De. While Not While	D. (Enter neture of Injury in Pert law wife-Lu. PLACE OF INJURY (Home, ferm fectory, street, office bldg., etc.) Home	I or Pert II of Item 18.) La Hayward. 2Df. (City or Iown)	PERFORMED YES NO (County) (State) ne Somerset M
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURE Shot by common 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED While Not While 2 2 2 0 p.m. M. 6 1 1 6 work et work 21. I certify that I took charge of the remains described above,	D. (Enter neture of Injury in Pert law wife-Lu. PLACE OF INJURY (Home, ferm fectory, street, office bldg., etc.) Home	l or Pert II of Item 18.) La Hayward. , 2Df. (City or Iown) Princess And Inspection X. Inquiry	(County) (Stete) NO (Stete) NO (Stete)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURE Shot by common 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED While Not While 2 2 2 0 p.m. M. 6 1 1 6 work et work 21. I certify that I took charge of the remains described above,	D. (Enter neture of Injury in Pert REACE OF INJURY (Home, ferm fectory, street, office bldg., etc.) Home , held an Autopsy Suicide Homicide	la Hayward. 2Df. (City or lown) Princess And Inspection X. Inquiry Undetermined ma	(County) (Stete) NO (Stete) NO (Stete)
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURE CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2De. While Not While st work 2 to work 3 to	D. (Enter neture of Injury in Pert Network PLACE OF INJURY (Home, ferm fectory, street, office bldg., etc.) Home , held an Autopsy Chief MEDICAL E ASSISTANT MEDICAL	la Hayward. 2Df. (City or lown) Princess And Inspection N. Inquiry Undetermined ma	(County) (State) no Somerset M
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. EXTERNAL CAUSE WAS PRIMARY A OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURE Shot by common 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2De. While Not While at work 21. I certify that I took charge of the remains described above, death resulted from: atural causes Accident SIGNATURE ACTUAL SIGNATURE	D. (Enter neture of Injury in Pert PLACE OF INJURY (Home, ferm fectory, street, office bldg., etc.) Home , held an Autopsy CHIEF MEDICAL E M.D. ASSISTANT MEDI	I or Pert II of Item 18.) La Hayward. 2Df. (City or Iown) Princess And Inspection X. Inquiry A Undetermined ma	(County) (Stete) The Somerset Management Ma
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURE CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2De. While Not While Not While et work 2 to 20 p.m. M. 6 1 6 10 mork et work 2 to 20 p.m. M. 6 1 1 60 mork et work et w	D. (Enter neture of Injury in Pert Note of Injury (Home, ferm fectory, street, office bldg., etc.) Home , held an Autopsy Cuicide Homicide CHIEF MEDICAL E M.D. ASSISTANT MEDI DEPUTY MEDICAL	I or Pert II of Item 18.) La Hayward. 2Df. (City or Iown) Princess And Inspection N. Inquiry M. Undetermined ma	(County) (Stete) The Somerset Market
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURE CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2De. While Not While Not While et work 2 to 20 p.m. M. 6 1 6 10 mork et work 2 to 20 p.m. M. 6 1 1 60 mork et work et w	D. (Enter neture of Injury in Pert Note of Injury (Home, ferm fectory, street, office bldg., etc.) Home , held an Autopsy Cuicide Homicide CHIEF MEDICAL E M.D. ASSISTANT MEDI DEPUTY MEDICAL	I or Pert II of Item 18.) La Hayward. 2Df. (City or Iown) Princess And Inspection N. Inquiry M. Undetermined ma XAMINER CAL EXAMINER CAL EXAMINER X. 7.10amdon Ave	(County) (Stete) ne Somerset M X, and in my opinion nner DATE SIGNED 6-21- Salisbury,
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURE Shot by common 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2De. While Not While Not While 220p. A M 6-11-60 work et work 21. I certify that I took charge of the remains described above, death resulted from: latural causes Accident SIGNATURE EXAMINER'S NAME (Type) BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER)	D. (Enter neture of Injury in Pert Note of Injury (Home, ferm fectory, street, office bldg., etc.) Home , held an Autopsy Cuicide Homicide CHIEF MEDICAL E M.D. ASSISTANT MEDI DEPUTY MEDICAL	I or Pert II of Item 18.) La Hayward. 2Df. (City or Iown) Princess And Inspection N. Inquiry M. Undetermined ma	(County) (Stete) ne Somerset M X, and in my opinion nner DATE SIGNED 6=21- Salisbury
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURE Shot by common 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2De. While Not Wh	D. (Enter neture of Injury in Pert Note of Injury (Home, ferm fectory, street, office bldg., etc.) Home , held an Autopsy Cuicide CHIEF MEDICAL E M.D. ASSISTANT MEDI DEPUTY MEDICAL Address (Street) Y OR CREMATORY	I or Pert II of Item 18.) La Hayward. , 2Df. (City or Iown) Princess And Inspection X. Inquiry X Undetermined ma XAMINER CAL EXAMINER CAL EXAMINER X V. 10 and Ave 22d. LOCATION (City, town,	(County) (Stete) ne Somerset M X, and in my opinion nner DATE SIGNED 6~21- Salisbury, or country) (Stete)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURE CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2De. While Not While Not While et work 21. I certify that I took charge of the remains described above, death resulted from: latural causes Accident S ACTUAL SIGNATURE EXAMINER'S NAME (Type) BURIAL, CREMATION, 22b. DATE THEREOF REMOVALISPECITY) June 18, 1900 Anti	D. (Enter neture of Injury in Pert law wife-Lu PLACE OF INJURY (Home, ferm fectory, street, office bldg., etc.) Home , held an Autopsy X Suicide Homicide CHIEF MEDICAL E M.D. ASSISTANT MEDI DEPUTY MEDICAL Address (SIPPO) Y OR CREMATORY OCH Baptist	I or Pert II of Item 18.) La Hayward. , 2Df. (City or Iown) Princess And Inspection X. Inquiry X Undetermined ma XAMINER CAL EXAMINER CAL EXAMINER X V. 10 and on Ave 22d. LOCATION (City, town, or Treherney	PERFORMED YES NO [(County) (Stete) The Somerset M And in my opinion OATE SIGNED 6-21- Salisbury, or country) (Stete) Ville, Va.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. EXTERNAL CAUSE WAS PRIMARY A OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURE CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2De. While Not While Not While at work 21. I certify that I took charge of the remains described above, death resulted from: Matural causes Accident S ACTUAL SIGNATURE EXAMINER'S NAME (Type) BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER) UNIAL JUNE 18, 1900 Anti FUNERAL DIRECTOR	D. (Enter neture of Injury in Pert law wife-Lu PLACE OF INJURY (Home, ferm fectory, street, office bidg., etc.) Home , held an Autopsy X Suicide Homicide CHIEF MEDICAL E M.D. ASSISTANT MEDI DEPUTY MEDICAL Address (SIPPO) Y OR CREMATORY OCh Baptist 24e. REC	I or Pert II of Item 18.) La Hayward. , 2Df. (City or Iown) Princess And Inspection X. Inquiry X. Undetermined ma XAMINER CAL EXAMINER CAL EXAMINER CAL EXAMINER X 22d. LOCATION (City, Iown, Treherney D BY REGISTRAR 24b. REGIS	PERFORMEDATE YES NO [(County) (Stete) ME Somerset M X, and in my opinion nner DATE SIGNED 6-21- Salisbury, or country) (Stete) Ville, Va. TRAR'S SIGNATURE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURE CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2De. While Not While Not While et work 21. I certify that I took charge of the remains described above, death resulted from: latural causes Accident S ACTUAL SIGNATURE EXAMINER'S NAME (Type) BURIAL, CREMATION, 22b. DATE THEREOF REMOVALISPECITY) June 18, 1900 Anti	D. (Enter neture of Injury in Pert law wife-Lu PLACE OF INJURY (Home, ferm fectory, street, office bidg., etc.) Home , held an Autopsy X Suicide Homicide CHIEF MEDICAL E M.D. ASSISTANT MEDI DEPUTY MEDICAL Address (SIPPO) Y OR CREMATORY OCh Baptist 24e. REC	I or Pert II of Item 18.) La Hayward. , 2Df. (City or Iown) Princess And Inspection X. Inquiry X. Undetermined ma XAMINER CAL EXAMINER CAL EXAMINER CAL EXAMINER X 22d. LOCATION (City, Iown, Treherney D BY REGISTRAR 24b. REGIS	(County) (Stete) PERFORMED: YES NO [(County) (Stete) NO [(Stete) N

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TO FUNERAL DIRECTOR:

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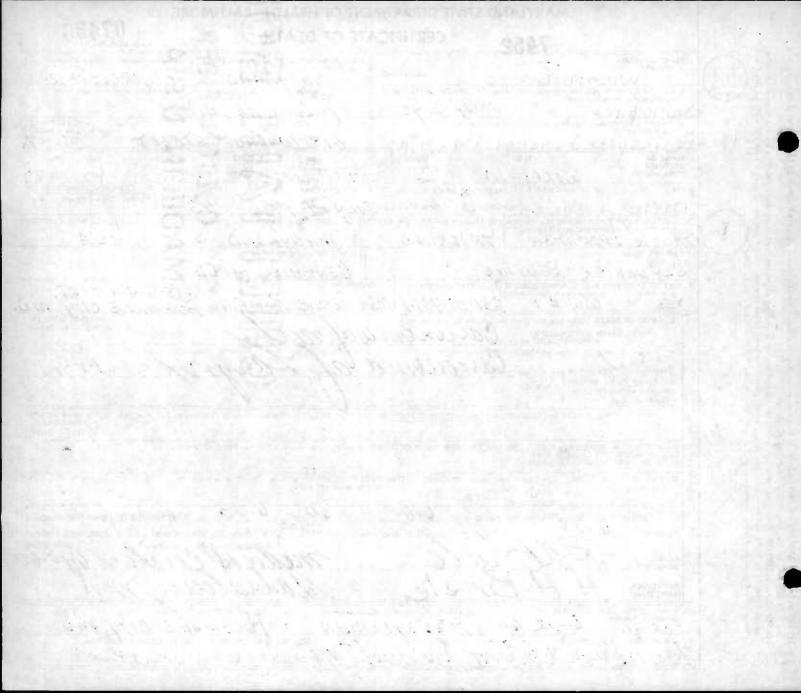
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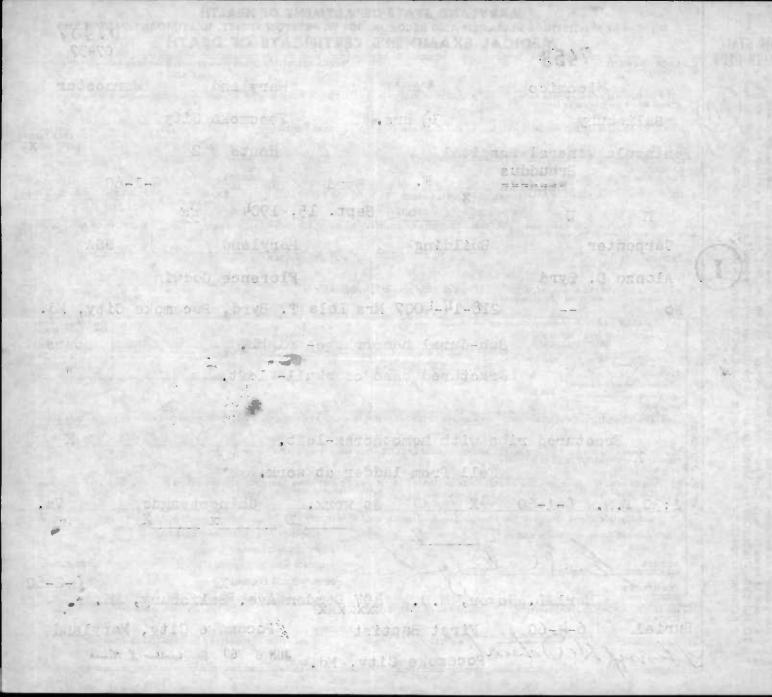
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY 3 to the funeral director, Page y be retained for your files. ith the State Board of Health, e. STATE h COUNTY b. CITY OR TOWN (if outside corporate limits, MARYLAND Maryland Worcester
c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) d. STREET ADDRESS Salisbury 3 hrs.

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) a. IS RESIDENCE ON A FARM? YES NO X General Hospital Route DATE Month DECEASED Brauddus OF age 5 may be re 1 and 2 with the \72 hours after (Type or print) DEATH F. 19 6-7-60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Sept. WIDOWED T DIVORCED CKrs. M W I

10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) Carpenter Building Maryland USA File pages PM3. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alonzo D. Byrd Florence Godwin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (If yes give war or dates of service) Office along with for burial-transit permit movel, and in any e Mrs Lola T. Byrd, Pocomoke City, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) Sub-dural hemorrhage- right. Hours s Office DUF TO removal, 22 Fractured base of skull- left. (b) gava rise to immadieta cause O DUE TO (e), stating the underlying Examiner cause last. should be used ial, cremation, be used PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? the word Fractured ribs with hemothorax-left. NO F Medical 20a. EXTERNAL CAUSE WAS PRIMARY PO or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Part 1 or Part Mod itam 18.) MEDICAL EXAMINER: Fell from ladder at work. certificate, writing inded to the Chief icate, to the Ch., Page 3 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) Month, Day, Yaar (County) (State) fectory, street, office bldg., atc.) While Not While et work at work Chincoteague 6-1-60 At work 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inquiry X Inspection x and in my opinion please execute the certificate should be forwarded to PUNERAL DIRECTO Accident X death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 6-2-60 EXAMINER'S DEPU NAME (Typa) NAME (Type) Earl I. Royer, M.D. 107 Cart
220. SURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CONTRACT CAthre Engl. Avroyp, or San Vi shury 1 REMOVAL (Specify) 400 Burial First Pocomoke City, Maryland Baptist ADDRESS 24e. REC'D 8Y REGISTRAR I 24b. REGISTRAR'S SIGNATURE Md DATE UN 6 A15ME '60 Children & Kraus Pocomoke City.



MARYLAND STATE DEPARTMENT OF HEALTH

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1. PLACE OF DEATH o. COUNTY	Wicomico		MARYLA		JSUAL RESIDENCE D. STATE	(Where dece		If institution		ence befo		ssion)
	(If outside corporate limit	ts, write c.	LENGTH OF STAY IN	1b	CITY OR TOWN	-	rporate limit	ts, write R				vn)
	Salisbury	1	Mo. 3 Day	75	Nan	nticoke						
OR INSTITUTIO	PITAL (If not in hospital, g N Deer's Head S		ress)		d. STREET ADDRES						ON	SIDENCE A FARM?
3. NAME OF	Fire		Middle		Lost	4. DAT	F	Man	th	Do		Year
(Type or print)	Her	rman			Collie	OF		Jun			8	19 60
5. SEX			NEVER MARRIED	FXC 8. DA	TE OF BIRTH	/-	9. AGE	(In years		-	. •	ER 24 HR
Male	White	WIDOWED [ebruary 1	1871	lost b	36 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPA	TION (Give kind of work of	lane 10b. KIN	D OF BUSINESS OR I			State or fareign		-	12.CI	TIZEN O	FWHAT	COUNTRY
	orking life, even if retired)		None		Mar	wland				11.	S. A	1.
13. FATHER'S NAME	JET III ZII		HOME	14	MOTHER'S MAID	The contract					200	
C.	eorge Collie				Telon	nwrigh	+					
6. WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16. SOC	IAL SECURITY NO.	17. INFOR		THAT TRII	U	Addi	ress			
Yes, not or junknown)	(If yes, give wor or dates of se	ervice)			Hospital	Recon	de	Sali	ehum	yr M	[amr]	and
IR CAUSE OF D	DEATH [Enter anly one can	use per line fo	vr (a) (b) and (c) 1		Mospirear	necor	us	Dall	.Soul			ETWEEN
	EATH WAS CAUSED BY:	20 .	iculum Cel		0					ON	SET AND	DEATH
Conditions, if gave rise to cause (a), stotic lying cause los	immediate DUE TO		TRIBUTING TO DEATH	RUT NOT	RELATED TO THE T	EDANINA! DISE	ASE COND	TION GIV	EN IN DA	PT 1(0) 1	2AW OI	AUTOPS
CATI				19 3					EIN IIN FAI	K1 1(0)	PERFO YES D	ORMED?
	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OCC	URRED. (En	ter nature of injur	y in Part I or I	Port II of ite	m 1B.)				
20c. TIME OF INJ Hour a. n p. n	1,	While at work	Nat while at work	e. PLACE C foctory,	OF INJURY (Home, street, office bldg.	farm, 20f. (C	City or town)		(County)		(Stote
	har (1) (this haspital) ased alive an 16/	attended	the deceased from 19 <u>60</u> , and the			19.60, to	6/18					(we) la:
22a. SIGNATURE	1 2 2	au	rey	M.D.	ATTENDING 7	35A.M	STAFF			ne 1	27	26. DATE SIGNE L960
22cl PHYSICIAN : NAME (Type	Lee L. La	awry			22d. ADDRESS	Salis	bury,	Mary	land			
23a. BURIAL, CREMAT REMOVAL (Speci		60 /	G. NAME OF CEMETE	RY OB CRE	MATORY	230 100	CATION (CI	ty, town, o	county)	V	1 1510	ote)
24. FUNERAL DIRECTO	PR'S SIGNATURE	-, 13	ADDRESS (UB)	M	25a. DATE	REC'D BY REG	'60		strarists			

TO HOSPITA RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 by after death. Page 4 may be relatined by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 should be filled with the State Baard at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

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VR A15 (4) 15M 9/59

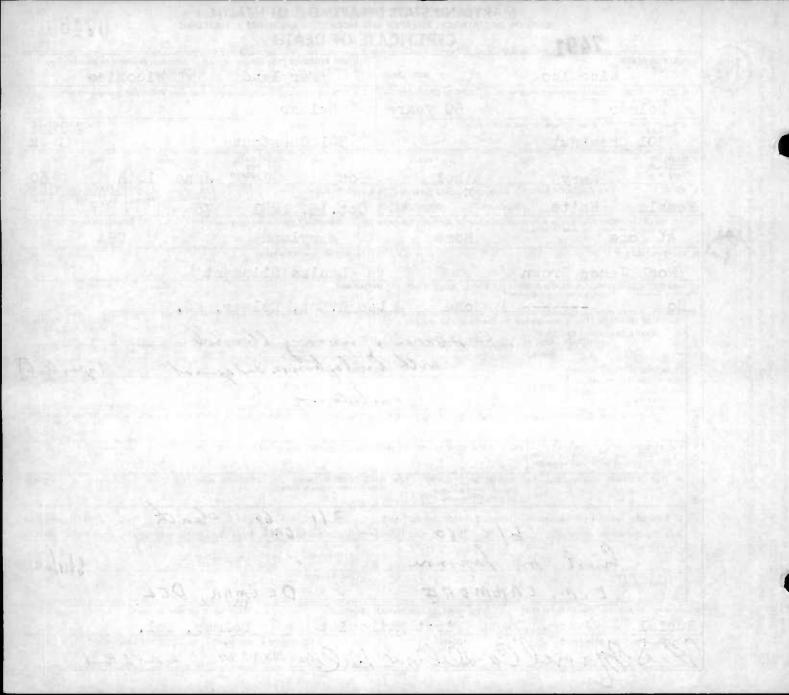
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

7401 CERTIFICATE OF DEATH

07439

		4.7.	9 77	20 KI W	1-6-0	0/15/01	1 7 W K				
)	1. PLACE OF DEATH a. COUNTY	icomico		MARY	LAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Wicomico					
	b. CITY OR TOWN (I RURAL and give no Delmar		its, write	50 yea		c. CITY OR TOWN (IF	autside carpor	ate limits, write R	URAL and give n	earest taw	n)
	OR INSTITUTION	AL (If not in hospital, s estnut	give street	address)		d. STREET ADDRESS	stnut	FEW		ON	SIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	Marv	rst	Middle Ethel		Last Cox	4. DATE OF DEATH	June	10th	Day	Year 19 60
	5. SEX Female		7. MARR	IED NEVER MARRI		DATE OF BIRTH	000	9. AGE (In years last birthday)	IF UNDER 1 YEA	-	
	10a. USUAL OCCUPATIO	ON (Give kind of wark king life, even if retired	done 10b.			Naryla:		78 yrs. untry)	12. CITIZEN O		COUNTRY?
1	13. FATHER'S NAME	272		1 1000		14. MOTHER'S MAIDEN		**************************************			
1		mes Brown				Louisa (Olipha				
	15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s		None		e H.Cox.	Delmar	Md.	ress		
		TH WAS CAUSED BY: IMMEDIATE CAUSE (compy). which mediate the under-))	ne far (a), (b), and (c). Carginaria	20	alextrano	blex and g	lob-		TERVAL B	DEATH
5	_		IDITIONS C			OT RELATED TO THE TERM			/EN IN PART 1(a)	PERF	AUTOPSY ORMED?
		CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Ye		NJURY OCCURRED		E OF INJURY (Hame, far			(Caunt	()	(State)
	20c. TIME OF INJUR Haur a. m. p. m.	19	While	k at while	facto	ry, street, affice bldg., et	rc.)		1		
	21. I certify the saw the decease 22a. SIGNATURE		l) attend	led the deceased 219 <u>60</u> , and		ath accurred at 6	960, ta_		•	, ,	(we) last d abave. 2b. DATE
	22c. PHYSICIAN'S	ment In	7.	mount	. M.		MED. DIRECTOR [STAFF PHYS.		6/1	1160
	NAME (Type)		7	MORE			ELMA	1-1-1	74	···	
	230. BURIAL, CREMATIC REMOVAL (Specify) BURIAL	June 12	, 196	23c. NAME OF CEM		crematory odist		ion (City, town, Dianar, Di	el.	(Sta	ite)
	24. FUNERAL DIRECTOR	1 and	Co	ADDRESS	lol,	1 . 19	UN 13'6	0	STRAR'S SIGNAT		



death

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VS A15 (4) 1SM 9/S8

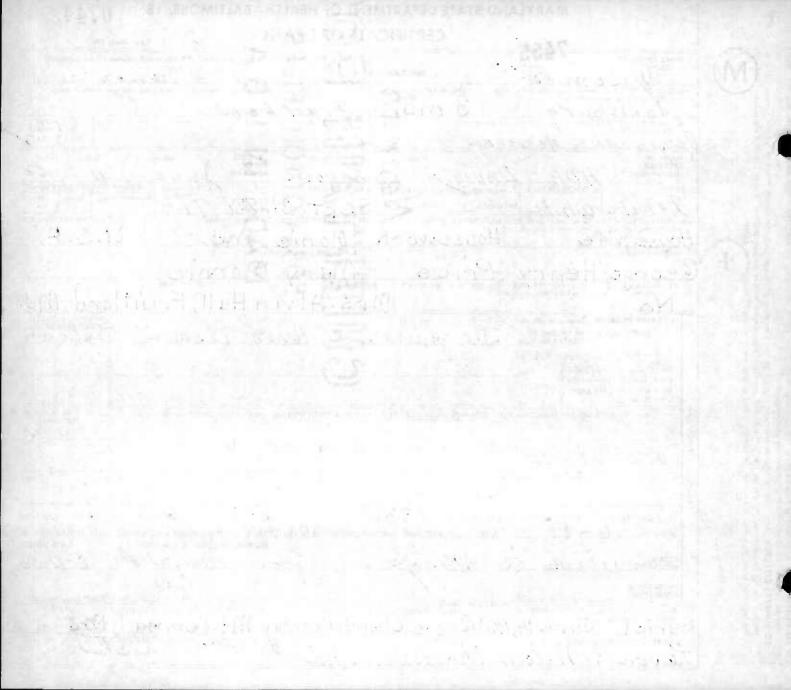
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MARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18
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07442

CERTIFICATE OF DEATH					
	CERTI	FICA	TE OF	DEA	TH

	71.55	CERTIFICA	AIE OF DEATH	Reg. Dis	t. No.
	E OF DEATH DUNTY WICOMICO	MARYLAND	2. USUAL RESIDENCE (Where do . STATE	eceased lived. If institution: Residence b. COUNTY	
	TY OR TOWN (If outside corporate limits, write RAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	e corporate limits, write RURAL and g	
P.e.	AAL SDUT 9 AME OF HOSPITAL (If not in pospital, give street add RINSTITUTION 214 SUL a Hen et al	(ress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	E OF ASED First ADA LAII	Middle		DATE Manth OF DEATH Une	Day Year
S. SEX	6. COLOR OR RACE 7. MARRIED MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	The same below the same of	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USI	UAL OCCUPATION (Give kind of work dane 10b. KIN ing mast of working life, even if retired)		ISTRY 11. BIRTHPLACE (State or fo		ZEN OF WHAT COUNTRY?
13. FATH	ISE WITE HO	JSE WOLL	14. MOTHER'S MAIDEN NAME		713111.
Se	onge Henry Pi	rice	Maryn	lorris	
15. WAS (Yes, no, o	DECEASEDEVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	CIAL SECURITY NO.	INFORMANT ,	Hall Fright	and Md
18.	CAUSE OF DEATH [Enter only one couse per line t	or (a), (b), and (c).]		1	INTERVAL BETWEEN
go	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO On ditions, if any, which by the index of the immediate by t	e genera!	ful Hint	Desease	ONSET AND DEATH
CERTIFICATION (ILL II	PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION OR (IF E	. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRI	ED. (Enter noture of injury in Port I	or Port II af item 1B.)	
WEDICAL 20c.	TIME OF INJURY Month, Day, Yeor 20d. INJU- Hour o. m. 19 While of work [ACE OF INJURY (Home, form, 20 octory, street, office bldg., etc.)	lf. (City ar tawn) (C	ounty) (Stote
21.	I certify that I attended the deceased	fram 195	8 , 19 , to 6 -	-11 , 1960, that I la:	st saw the deceased
ali	ve an 6 - 11 , 1960	, and that deat		from the causes and an the RESS (Street, city or tawn, state)	date stated above
ACT	NATURE WILLIAM & . 8	Pelis K	M.D. Jal	slung, Mf.	6-11-60
PHY	'SICIAN'S ME (Type)				
	RIAL, CREMATION, 22b. DATE THEREOF 2 MOVAL (Specify) June 14, 1960	Grace Ch	or CREMATORY 22d.	Mt. Vennon	, Md.
23. FUN	eral DIRECTOR'S SIGNATURE	Princers and	Me ma DATE	REGISTRAR 24b. REGISTRAR'S SIG	SNATURE Firm



DATE

physician.

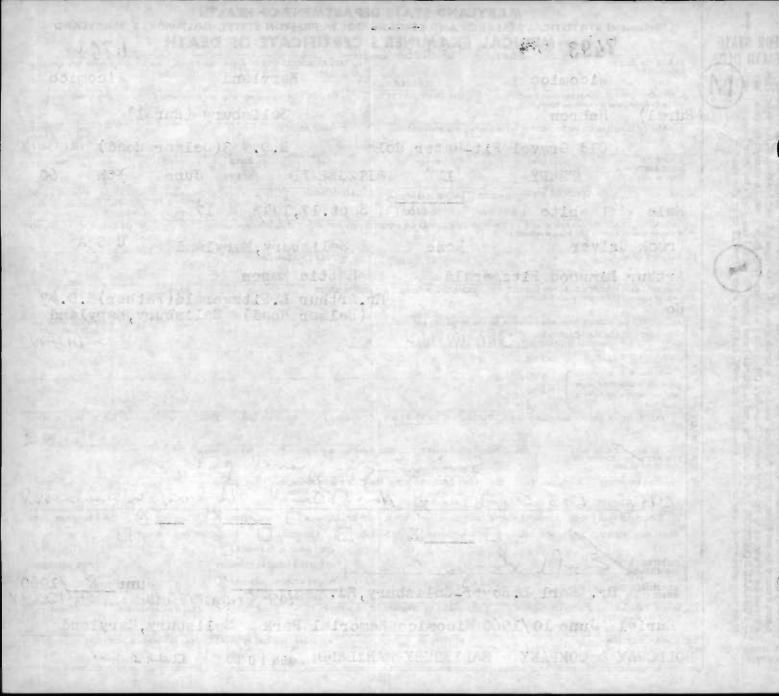
VS A15 (4)

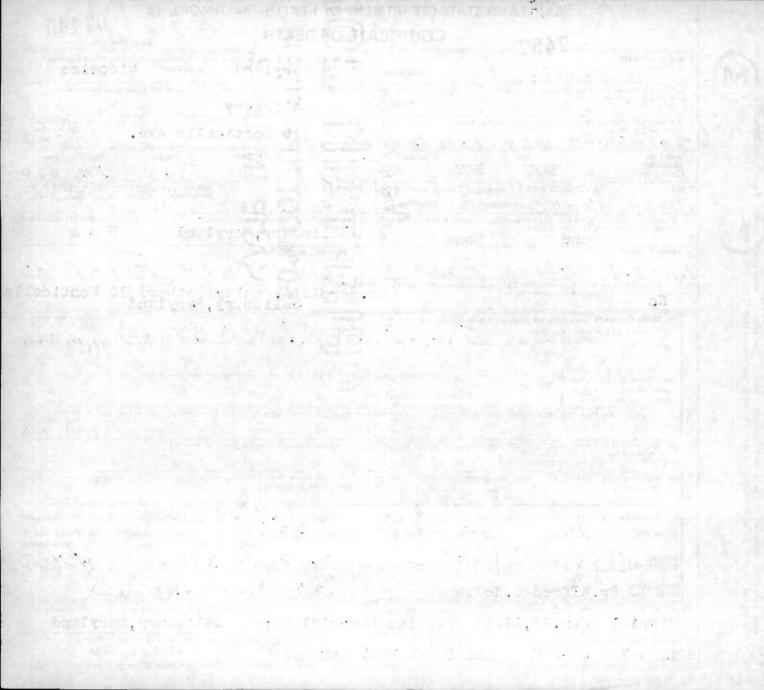
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Division of STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND FOR STATE 0 HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) I director. Page or your files. a. COUNTY a. STATE b. COUNTY is necessary. Wicomico Wicomico Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) for your write RURAL and give neerest town) of (Rural Rural Hebron Salisbury State Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE uld be executed within 24 hours after death. If any was in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Office along with form this Page 5 may be retained fourtal-transit permit. File 1998 1 and 2 with the State Bo burial-transit permit. File 1998 1 and 2 with the State Bo was and in any event 1999 12 hours after death. ON A FARM? Old Gravel Pit-Water Hole Delmar Road YES NO TA NAME OF Middle DATE DECEASED 1960 TERRY LEE FTTZGERALD June 5th (Type or print) DEATH 5. SEX 8. DATE OF BIRTH 1942 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours 1947 Male White WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) S Truck Driver None Salisbury, Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Arthur Linwood Fitzgerald Hattie Mason MEDICAL EXAMINER: This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Arthur L. Fitzgerald (Father) R.D.#3 (Yes, no, or unkown) | (If yes give wer or detas of service) Office along with burial-transit permi No (Delmar Road) Salisbury, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). SUDDEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which (b) lease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's C FUNERAL DIRECTOR: Page 3 should be used as a brits designated agent, prior to burial, cremation, or rem geve rise to immediate cause DUE TO (e), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II of item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. MEDICAL 2Dd. INJURY OCCURRED 2Da. PLAGE OF INJURY (flome, farm, factory, steet, office bldg., at) 20c. TIME OF INJURY Month, Day, Year 20f. (C (County) (Stata) Whlle Not Whila To at work 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection Inquiry and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATU DEPUTY MEDICAL EXAMINER June 1.960 L. Royer-Salisbury, Md Radress (Sto Gr. Comme Earl DEPU NAME (Type) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Burial June 10/1960 Wicomico Memorial Park Salisbury, Maryland 240 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME S YAWOLIOH SALISBURY MARYLAND COMPANY arthur S. Kraus DATUN 1 0 '60 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH





TO HOSPITA

VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	LACE OF DEATH L. COUNTY Wicomi	CO		MARYL		o. STATE Maryla		b. COUNTY	-	e before o	dmissian)
E	. CITY OR TOWN (H	outside corporate limi	ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN		orate limits, write R			town)
	RURAL and give ne	ury, Maryl	and	L davs		Ridgel	V		0 5	5 X-	- 1
1	. NAME OF HOSPITA	AL (If not in hospital, g				d. STREET ADDRESS				e. 15	S RESIDENCE
1	OR INSTITUTION	Head Stat	e Ho	snital.		Lith &	Park Av	7e.			ON A FARM?
3. 1	NAME OF	Fig.		Middle		Lost	4. DATE	Mor	oth	Day	Year
	DECEASED Type ar print)	Fra	nces			Frank	OF DEATH	_	une	26	19 60
S. S	EX	6. COLOR OR RACE	7. MAR	RIED WEVER MARRIEL	8. 6	ATE OF BIRTH		9. AGE (In years			UNDER 24 HRS
	Female	White	WIDOW			1/5/07		lost birthday) 53 yrs.	Months	Days Ho	ours Min.
10a	USUAL OCCUPATION	N (Give kind of work ing life, even if retired	dane 10b	. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (St	ate ar foreign o	country)	12. CITIZ	ZEN OF WH	HAT COUNTRY
	Housev		,			Marvla	nd		UE	SA	
13.	FATHER'S NAME				1	4. MOTHER'S MAIDE	N NAME				
	Edward	Higdon				Wilhel	ma Tark	outton			
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	17. INFO			Add	ress		
Yes	No	If yes, give war or dates of s	ervice)	213-14-6549		Hospital R	Records	- Deer's	Head	Hosp	ital
Ħ	1B. CAUSE OF DEA	TH [Enter only one co	ouse per l	line far (a), (b), and (c).]			8			INTERVA	AL BETWEEN
				cinoma of ri	ight.	reset wit	h ganar	ralized			AND DEATH
	171	DUE TO		CITIONIA OI I	LEHU	JI CASO WILL	1117 1119			20	0010
-1	Conditions, if a	ny which)				me	etastasis				
	gove rise to in	nmediate DUE TO									-
-1	lying cause last.										
CATION				CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GIV	VEN IN PART	P	WAS AUTOPSY PERFORMED?
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OC	CURRED. (Enter nature of injury	in Part I or Pa	rt II af item 18.)			
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Ye	While			OF INJURY (Hame, f y, street, office bldg.,	etc.)	ty or town)	(0	County)	(State
	21. I certify tha) atten	ded the deceased t	fram that dea	6/22/ th accurred at	19 60 ta A • M, fram	6/26 the causes ar		on that	(I) (we) las
	22a. SIGNATURE	Vjuer	ne	au	M.D	ATTENDING _	MED. DIRECTOR	STAFF			22b. DATE SIGNE
	22c. PHYSICIAN'S NAME (Type)	9				22d. ADDRESS				A 11	211
	(Type)	Verner Ju	erma	n, M.D.		Deer's	Head Ho	ospital,	Salish	oury,	M _d .
23g	BURIAL, CREMATIO REMOVAL (Specify)	0 - 29	OF -60	23c. NAME OF CEME	TERY OR C	REMATORY	23d. 19CA	ATION (City, town,	or county)	1 .	(State)
24.	FUNERAL DIRECTOR	S SIGNATURE	Gr	ADDRESS LONG OTT	J. W	250. F DAVA	REC'D BY REGIS	0 12	ISTRAR'S SIC		

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7459 CIRTHTONTE OF DEATH CHIESON AND STILLEY The state of the s This course There are " and the same of the other same, and

	-	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		7460 CERTIFICATE OF DEATH Reg. Dist. No. 248
M)	1.	PLACE OF DEATH b. COUNTY COMICO MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY D. COUNTY
	6	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) PALISBURY C. LENGTH OF STAY IN 1b PALISBURY C. LENGTH OF STAY IN 1b PALISBURY TINCESS Home 19X-2
83	1	d. NAME OF HOSPITAL (If not in bospital, give street address) OR INSTITUTION OR AN AMERICAN STREET ADDRESS OR AN AMERICAN ADDRESS OR AND AMERICAN ADDRESS OR AN AMERICAN ADDRESS OR AN AMERICAN ADDRESS OR AN AMERICAN A
		NAME OF DECEASED (Type or print) Bertle HANCOCK DEATH JUNE 21 1960
	5. S	EMALE White WIDOWED DIVORCED April 1/1896 (64 yrs. Months Doys Hours Min.
I	2	. U9UAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10. USE WIFE 12. CITIZEN OF WHAT COUNTRY?
	25	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 13. MOTHER'S MAIDEN NAME
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Leland Hancock Princess Annel
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO INTERVAL BETWEEN ONSET AND DEATH (e) (e) (e) (e) (f) (f) (f) (f)
		Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse lost. (b) DUE TO
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of wo
		21. I certify that I attended the deceased fram. (2) 19(0) to (2) 19(0) hat I last saw the deceased alive an (2) 19(0), and that death occurred at (3) A. M., fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
1		ACTUAL SIGNATURE Weller & Fellis M.D. Sales lune, Mr. 6-216
		PHYSICIAN'S NAME (Type)
o island	3	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY PENOVAL (Specify) 22d. OCATION (City, town, or gunty) (Stote) PUNERAL DIRECTOR'S SIGNATURE ADDRESS 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	L	FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REC'D BY REC'D BY REGISTRAR 246. REC'D
1		

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15M 9/58

19600 IF UNDER 1 YEAR IF UNDER 24 HRS Hours

e. IS RESIDENCE

ON A FARM?

YES NO

Year

12. CITIZEN OF WHAT COUNTRY?

Day

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO 7

> (County) (State)

19 64, that I last saw the deceased ond that death occurred at A.M. fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

22d_LOCATION (City_town, or county)

(State)

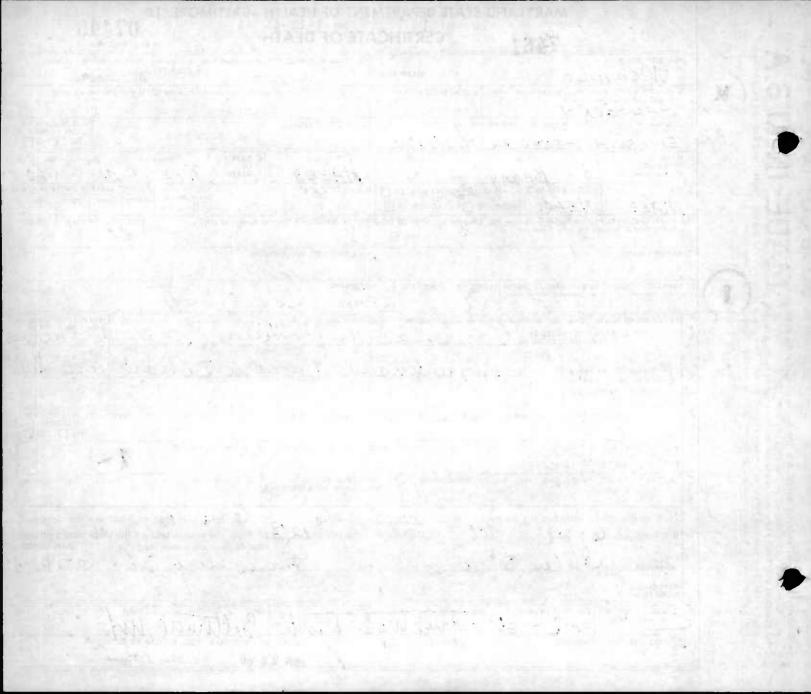
23. FUNERAL DIRECTOR'S SIGNATURE

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

98M 2 8 '60

arling S. Kroad



FOR STATE HEALTH DEPT.

Page our files. of Health,

5 may be retained for your 2 with the State Board of within 72 hours after death J and

writing the word "pending" in pencil in Item, 18. Give Pages 1, to the Chief Medical Examiner's Office along with form PM3. Page 3 should be used as a burial-transit permit. File pages 1 andi cremotion. its designated agent, prior to burial, to the 4 should be forwarded TO FUNERAL DIRECTOR: 5

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	7462	JICAL EX	(AMINEK)	SCERIIFICA	TE OF	DEATH	Reg. Dist. N	1.450
1. PLACE OF DEATH g. COUNTY	icomico		MARYLAND	2. USUAL RESIDENCE o. STATE Mar	(Where deceo		Wienma	perare admission)
b. CITY OR TOWN and give nearest to Salisbu	,	URAL C. LEN	2 yrs.	c. CITY OR TOWN		porote limits, write	RURAL and give	nearest town)
	ntal or institution (if herine St.	nat in haspito), giv	re street address)	d. STREET ADDRESS 332 Cath		St		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	ElmerC.	C.	Middle H e	Lost	4. DATE OF DEATH	Month 6	13	y Yeor 19 60
5. SEX		MARRIED 1	DIVORCED B	10/6/1883		9. AGE (In years last birthday) 76 yrs.	Months Doys	R IF UNDER 24 HRS. Hours Min.
10o. USUAL OCCUPAT during most of work Mech.	FION (Give kind of work do king life, even if retired)	ne 10b. KIND OF		TRY 11. BIRTHPLACE (SIO		country)	12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME John He	arn			14. MOTHER'S MAIDEN		Hearn		
15. WAS DECEASED E	EVER IN U. S. ARMED FORC (It yes, give war or dates of sec			NFORMANT S. Esther Ma	jers,	Address 332 Cathe		oury, Md
	ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (c).]	Ocel				TERVAL BETWEEN
Conditions, if				9				
gove rise to imm (o), stating the couse last.	P DITE TO							

	IMMEDIATE	CAUSE (0)	Ca - 1 mm	0,000		A CO
	Conditions, if ony, which)	DUE TO	2	5		
	gove rise to immediate cause (o), stating the underlying couse last.	DUE TO				
CATION	PART II, OTHER SIGNIFIC	ANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DIS	ASE CONDITION GIVEN IN PART 1(c	19. WAS AUTOPS PERFORMED? YES NO

200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 20f. (City or town) Not while

of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my

Suicide . Homicide . opinion death resulted from: Natural causes Undetermined monner

DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE

ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER

> 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

ADDRESS

Th ernten B. Jelley, Salisbury, Md

While

o. m.

220. BURIAL, CREMATION, 226. DATE THEREOF

Burial 6/18/1960

REMOVAL (Specify)

24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR DATE JUN 2 0 '60 arthur & track

(County)

(Stote)

(Stote)

OMAFO

constant TI officer of -Ma-Will hope Setime Hadars, 6822 Cathoride 20. - man y Million all true ladica , yella . 5 mesum . Ha

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e. IS RESIDENCE

Day

ON A FARM? YES NO

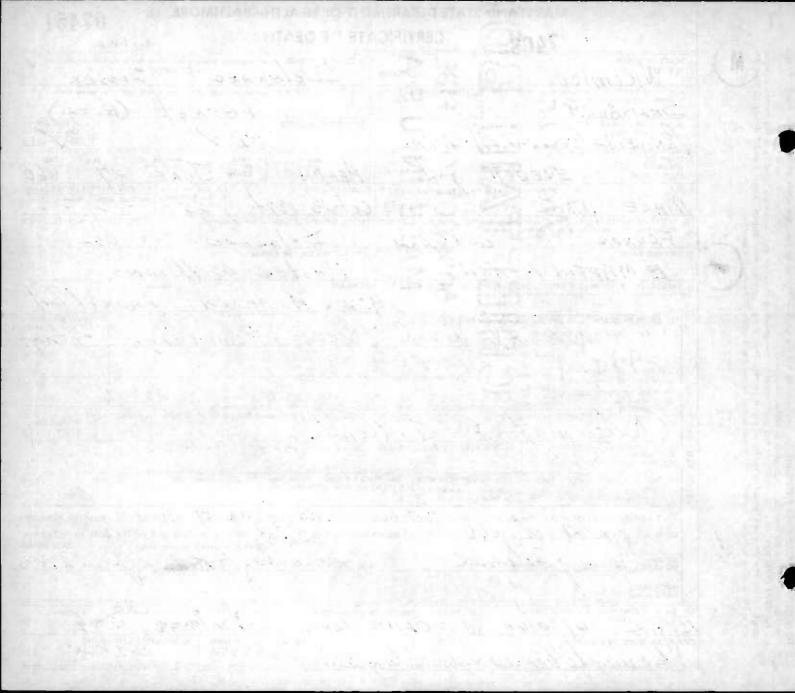
1966

Reg. Dist. No.

IF UNDER TYEAR IF UNDER 24 HRS. last birthdoy) Months Days Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH Mary PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.) (State) (County) here 27, 1960 that I last saw the deceased and that death accurred at 1 Fam, from the causes and an the date stated above. ADDRESS (Street: city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) (State) 3. PUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUN 2 9 '60 arthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0 VS A15 (4) 1SM 9/SB



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

4	5	2
	4	45

DI PLACE OF DEATH O. COUNTY MARYLA	AND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY AND AND AND
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN RURAL and give nearest town)	V To-+0::11
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON.A FARM? YES OF NO
3. NAME OF DECEASED (Type or print) TEOXIE	Hoxsman Lost June 14 1960
6. COLOR OR BACE 7. MARRIED NEVER MARRIED DIVORCED	5/13/1889 Jost Dirthdoy) Manths Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR 10b ing most of working life, even if retired) 5hib Buil	der Maryland U.S.
Jack Horsman	Tulia Ann Covington
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	MY5 Luke Horoman, 52/156ury
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	bascular. Prom brosis interval between onset and beart theolar
Conditions, if ony, which) DUE TO (b) CONTROL CONTROL	Phero Ocalerosis. 10 years
gove rise to immediate couse (a), stating the under-lying cause last. DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CCURRED. (Enter noture of injury in Port I ar Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2 Hour o. m. 19 While Nat while at wark at work at work	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased f	from 24 17 ril 1960 . to 14 Jewl -, 1960 that (I) (we) last that death accurred of P.M., from the causes and an the date stated above.
220. AGNATURE Sundows.	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. D
WAME Types ALL SAUNDERS	NANTICOKE MA
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	TERY OF CREMATORY 23d. LOCATION (City, town, or county) (State)

and the state of t Carpent And State of Parties of Mary State of the of the court of the state of th And the state of t many - Bolin - Available of the ball of the file of th BA CASOLINAM LES ALLANACIA HELDONISM A STATE OF THE STA

FOR STATE HEALTH DEPT. TO DEPUT: MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any ye, is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3, Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of retains or its designated agent, prior to burial, cremation, or removel, and in any event within 22 liqus after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7464 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07453

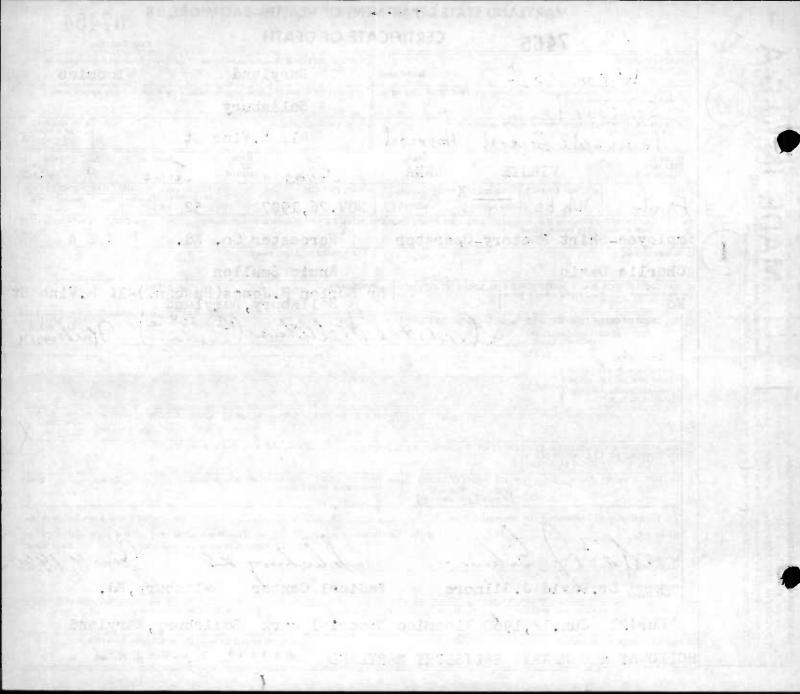
203				U	ACO
1. PLACE OF DEATH e. COUNTY		2. USUAL RESIDENCE			dence before edmission)
Wicomico	MARYLAND	a. STATE Delai		YTAUC	ssex
b. CITY OR TOWN (if outside corporate limits,	LENGTH OF STAY IN 16	c. CITY OR TOWN (If or		vrite RURAL and gi	ve neerest town)
writa RURAL and giva nearest town)				11	1 . 2
Salisbury		Delm:	ar	4	6X 9
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital	al, give street eddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Peninsula General Hos	nitel	Railroad	AVA-		YES NO
3. NAME OF First	Middle		DATE M	onth D	ey Yeer
(Typa or print)		A 48 CONT.	OF DEATH	, ~	10 10
Paul Smith	Jones			6-5-	~ ~
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In ye	y) Honths Day	
M MIDOWED	DIVORCED	Sept1 25,19		" Monnis Day	s Hours Min.
	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN	OF WHAT COUNTRY?
done during most of working life, even if retired)		0 7 4 1	7.0 7		
Machanic	Auto	Salisbur	y, Md.	U	SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
Jacob A Jones			Myra H	Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17. IN	VFORMANT	Add		
(Yes, no, or unkown) (Ifyasgivewarordetesofsarvice)	0 05 0330 3			D =	
		Dorothy Bude	d, Delmar	, Del.	
18. CAUSE OF DEATH [Entar only one cause per line	for (e), (b), end (c).]				ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) SOCON	d and third	decree bur	ns-50% bo	dv	5 days
	M. Color D. Laborator Color	006100 001		-	12 445 1
DUE TO			surfac	0.	
Conditions, Wany, which (b)					
geve rise to immedleta ceuse (a), stating the undarlying DUE TO					
cause last.					
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL	DISEASE CONDITION	GIVEN IN PART 1/e	19. WAS AUTOPSY
<u> </u>					PERFORMED?
5					YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTR 20a. EXTERMAL CAUSE WAS PRIMARY TO CONTRIBUTING CONTRIBUTING CONTRIBUTION CAUSE OF DEATH.	HOW INJURY OCCURED. (En	star nature of Injury in Pert I o	r Part II of Item 18.)		
CAUSE OF DEATH.	asleep in cl	hair while	smoking.		
20c. TIME OF INJURY Month, Dey, Year 20d. INJ	URY OCCURRED 200. PLAC		20f. (City or town)	(County)	(Stefe)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJ Hour e.m., While 1.30A. M. 6-1-60 ork	Not While factor	ry, street, office bldg., atc.)			7
2 4:30b.mA.M. On-1-00vork	al work X Home	e	Delmar	Sussex	DeT.
21. I certify that I took charge of the remain	ns described above, held	d an Autopsy 🔲, Ins	pection X Inq	uiry , a	nd in my opinion
death resulted from: Natural causes .	Accident X Suicio	de , Homicide	, Undetermined	manner	
		CHIEF MEDICAL EXA			
£ 0 1					
SIGNATURE	12/	M.D. ASSISTANT MEDICA	L EXAMINER		DATE SIGNED
EXAMINER'S	X	DEPUTY MEDICAL EX	AMINER X		6-6-60
NAME (Type) Earl L. Roye	r(.) M.D. 40	07 Apmdma ciA	Von or county li	ghung.	Md .
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22	c. NAME OF CEMETERY OR	CREMATORY 22	LOCATION (City, to	wn, or country)	(State)
REMOVAL (Specify)	477		A 7 7 74	2	
Burial 6-8-60	Allen	1 24a DECID 6	Allen M	C.	ATLIDE
	NOUKE33	248. KEC'D 8	T REGISTRAR 240. F	EGISTRAK'S SIGN	A TURE
W. S. Marvel and Co.	Delmar, I	DATE TIN	9 '60	C. 11 0 1	
	1/2 THET	- Bun	0 00	Circles S. H	Talla

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE	, 18
TICE	CERTIFICATE	OF DEATH	

8 07454

		7465		CERTIF	ICAI	E OF DEA	IH		Reg.	Dist. No		
1. PL	ACE OF DEATH	comico		MARYL		USUAL RESIDENCE	(Where deceo	sed lived. If ins b. COU		dence befo		ion)
b.	RURAL ond give ne	foutside corporate lime corest town)	its, write c.	LENGTH OF STAY IN	N 1Ь	c. CITY OR TOWN	(If outside corp		rite RURAL or	nd give ne	arest town)
d.	NAME OF HOSPIT	AL (If not in hospital,	give street add	Hospit	d	STREET ADDRES	E.V1	ne St				DENCE FARM? NO
3. NA DE (T)	AME OF CEASED (pe or print)	VIRG		ANNA		JONES	4. DATE OF DEAT	H Jo	Month ルN色	Do C	y ,	Year 19 60
S. SE	emale	6. COLOR OR RACE Wh. te	WIDOWED [DIVORCED		OV.26,19		9. AGE (In y lost birthd	yrs.		Hours	Min.
Em	ployee—	ON (Give kind of work ing life, even if retired Shirt Fac	1)			Worces	ster C	country) O. Md.	12.0	U S		OUNTRY?
C	harlie I					4. MOTHER'S MAIDI		en				
IS. W	o, or unknown) (R IN U. S. ARMED FOI If yes, give war or dates of		CIAL SECURITY NO.	Mr	Marion E Salish	Jone ury, M	s(Husb arylan	ána) 4	12 E	E.Vi	ne S
	Conditions, if or gave rise to in couse (a), stoting the lying cause lost. PART II. OTH	nmediate (o) o) :)	ITRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TI	erminal dise <i>i</i>	ase condition	N GIVEN IN P	ART 1(a)	19. WAS /	AUTOPSY RMED?
0 (0a. ACCIDENT WA OR CONTRIBUTING FEITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIE	BE HOW INJURY OC	CURRED. (E	inter noture of injury	in Port I or P	ort II of item 18	.)		YES 🗌	но П
MEDICAL	C. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Ye	20d. INJU While at work	Nat while	Oe. PLACE foctory	OF INJURY (Home, , street, office bldg.	form, 20f. (C	ity or town)		(County)		(State)
AS	CTUAL CONTROL OF THE	at I attended the	deceased 19 19 Gilm	and that c	M.D	Salist	M, fran	n the causes Spreet, city or the	awn, stote)	the date		
	BURIAL, CREMATIO	Jun. 12	4	2c. NAME OF CEMET WICOMICO				ATION (City, to alisbu			(Stote	e)
23. FU	INERAL DIRECTOR'S	S SIGNATURE COMPANY	SAL	ADDRESS ISBURY M	ARYL	. 41	REC'D BY REGI		REGISTRAR'S		RE	



ifter death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 bours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

TO HOSPITA

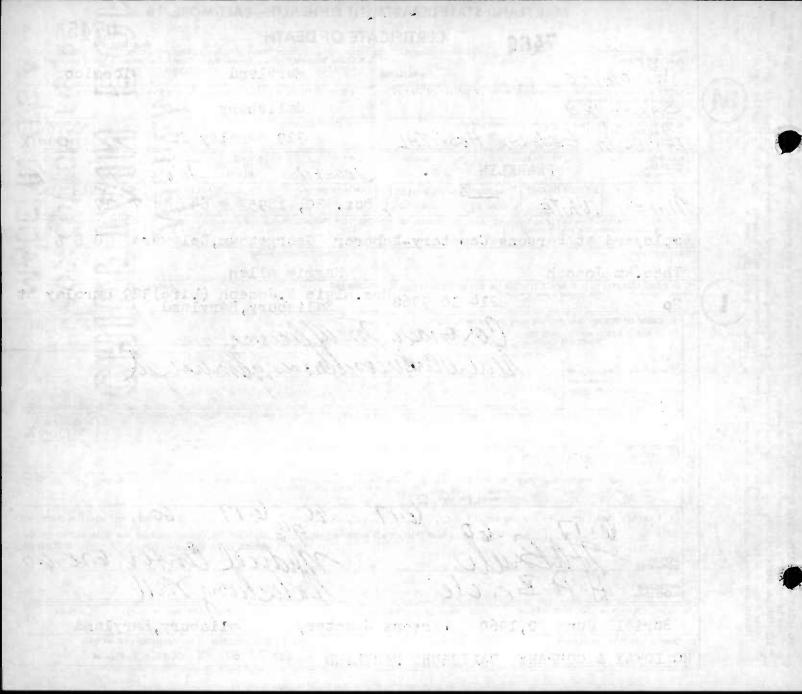
VS A1S (4) 1SM 9/SB

MARYLAND STATE DERARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 7466

 $\underset{\text{Reg. Dist. No.}}{07455}$

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) /2 Salisbury
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ENTRY HOSPITAL	/d. STREET ADDRESS 329 Barclay St e. IS RESIDENCE ON A FARM? YES □ NO □X
3. NAME OF DECEASED (Type or print) FRANKLIN E.	JOSEPH 4. DATE OF DEATH JUNE 17 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. Date of Birth Oct. 30, 1895 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Oct. 30, 1895 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Oct. 30, 1895
during most of working life, even if retired)	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Theo.Wm Joseph	Maggie Allen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) (If yes, give war or dates of service) (16. SOCIAL SECURITY NO. 214 10 9960	rs. Elsie E. Joseph EWife) 329 Barclay St Salisbury, Maryland
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Trisufficeines Interval Between onset and Death
Conditions, if ony, which gove rise to immediate couse (a), stating the under-	oseldroses, gfmeralell
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
21. I certify that I attended the deceased from.	th accurred at 9 M, from the causes and an the date stated above.
ACTUAL THURSTURE	M.D. MURCE CHAPTOWN, state) BATE SIGNED M.D. CARREST (Stylet, city for town, state) 6, 20, 60
PHYSICIAN'S H. H. Briele	Julishung Mil
D. CHANNEL OF COUNTY WIDOMICO b. CITY OF TOWN If cuited corporate limit, write c. LENGTH OF STAY IN 16 c. CITY OF TOWN If cuited corporate limit, write RURAL and give nearest from give several object of the county of the coun	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
HOLLOWAY & COMPANY SALISBURY MAI	RYLAND DATEUN 21'60 arthur S. Kraus



ofter death. Page 4

requires that the death certificate be executed within 24 ha

attending physician and campletely filled

TO FUNERAL GIRECTO Page 3 shauld be the registrar prior

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7495

CERTIFICATE OF DEATH

07456

	U	0	X	U	-
Dist	NI-				

3. NAME OF CECASED TYPE IN U. S. ARMED TO REST CATHERED TO PET IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 AMORED TO COURSED THE REPORT IN 18 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 AMORED TO COURSED THE REPORT IN 18 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 AMORED TO COURSED THE REPORT OF CONTRIBUTING TO ACCURRED TO COURSED THE REPORT OF COURSED TO COURSED THE REPORT OF COLORS OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 AMORED TO COURSED THE REPORT OF COLORS OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 AMORED TO COURSED THE COURSE OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 AMORED TO COURSED TO COURSE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 AMORED TO COURSE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 AMORED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 AMORED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 AMORED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 AMORED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 AMORED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 AMORED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 AMORED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 AMORED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 AMORED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 AMORED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 AMORED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 AMORED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 AMORED TO THE TERMINAL DISEASE CO					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)		c. CITY OR TOWN (If or X Mardela	utside corporate limits, write R	URAL and give ne	carest town)
B. COUNTY COMICO b. CITY OR TOWN (If contide corporate limits, write county) b. CITY OR TOWN (If contide corporate limits, write RURAL and give nearest town) full by any company and county of the	e. IS RESIDENCE ON A FARM? YES NO				
DECEASED Eleanor (a.			of dine	oth 4 ^D	ay 1960
Tr W	Y			The second second	
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, eyen if retired)		9. 27. 79	or foreign cauntry)		
					and.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	ucin	alises	1 fundin	quella	us
b. COUNTY (If outside corporate limits, write b. CLENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write BUNES) page pages pages and proposed pages	19. WAS AUTOPSY PERFORMED? YES NO				
Hour a. ft. 19 While at work	Nat white fac	tory, street, office bldg., etc.)	i 20f. (City or tawn)	(Caunty)	(State)
b. CITY OR TOWN (If outside corporate limits, write acute per limits of the study o					
REMOVAL (Specify) Burial 6/7/60					(State)
23. FUNERAL DIRECTOR'S SIGNATURE HOME		and the V			

DATE JUN 9

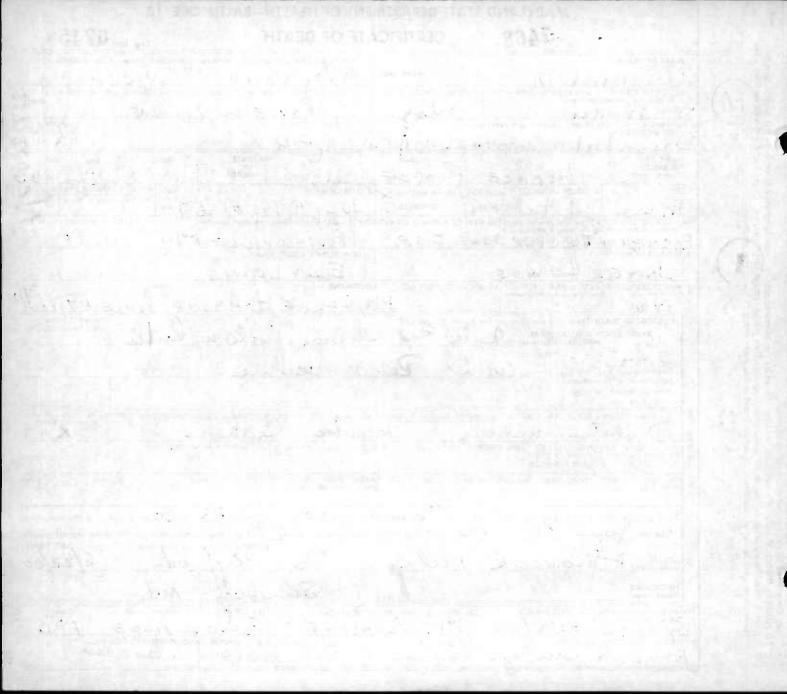
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MARYLAND S	TATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
7468	CERTIFICA	ATE OF DEATH Reg. Dist. 0.745
0	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission. STATE b. COUNTY

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
o. COUNTY D. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give neares									
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	0 1: -1	PAWELL VILLE							
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d, STREET ADDRESS e. IS RESIDENCE							
)		P P D ON A FARMY YES NO							
		Last 4. DATE Month Day Yeor							
	(Type or print) HORACE (105COG	Lewis DEATH JUNE 22-1960							
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years III UNDER 1 YEAR IF UNDER 24 HRS.							
	THE LET TO THE TENT OF THE TEN	JULY 9, 1900 & 5 yrs.							
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	FARMERY TRUCKER SELF EMP,	POWELLY ILLE MO U.SA							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	JAMES LEWIS	ELLA LENIS							
		INFORMANT , Address X/)							
	(ii ya, give war or oblic or service)	R. CLYDE HAMMOND, PRIJEUVILLE							
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN							
	PART 1. DEATH WAS CAUSED BY:	Change Yugh her kuite Onsei and Death							
	A company and a								
		O Tailling							
	gove rise to immediate	at factor							
	couse (o), storing the under-								
	, (4								
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?							
	3 Diabeter Weleter A	epare entres YES NO							
	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRION OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter noture of injury in Port I or Port II of item 18.)							
		ACE OF INITION (Home form 1906 (City or hours)							
	Hour o. m. 19 of work	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) cctory, street, office bldg., etc.)							
	21 I cartify that I attended the deceased from NAME	21 1060 to Ture 22 1060 hat I last say the deceased							
	The state of the second of the	77. The state of t							
	dive un , 19 00, and that death								
	ACTUAL TERMINA CONTINUO	De 6 12 16 01 01 6/22/60							
	SIGNATURE NO MOS CI MOS	M.D. Tar Buff Par 0/2900							
	PHYSICIAN'S NAME (Type)	Salipung Md.							
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	OR CREMATORY 22d. LOCATION (City, town, or county) (State)							
	REMOVAL (Specify)	- D							
	DURING								
	Ans Bushan Bulling	ma la							
	RURAL ond give necestations) ANAME OF HOSPITAL (If reg. in hospital), give street oddress) A NAME OF HOSPITAL (If reg. in hospital), give street oddress) A NAME OF HOSPITAL (If reg. in hospital), give street oddress) A NAME OF HOSPITAL (If reg. in hospital), give street oddress) A NAME OF HOSPITAL (If reg. in hospital), give street oddress) A NAME OF OF First A NAME OF HOSPITAL (If reg. in hospital), give street oddress) A NAME OF HOSPITAL (If reg. in hospital), give street oddress) A NAME OF HOSPITAL (If reg. in hospital), give street oddress) A NAME OF HOSPITAL (If reg. in hospital), give street oddress) A NAME OF HOSPITAL (If reg. in hospital), give street oddress) A NAME OF HOSPITAL (If reg. in hospital), give street oddress) A NAME OF HOSPITAL (If reg. in hospital), give street oddress) A NAME OF HOSPITAL (If reg. in hospital), give street oddress) A NAME OF HOSPITAL (If reg. in hospital), give street oddress) A NAME OF HOSPITAL (If reg. in hospital), give street oddress, give street, give stre								



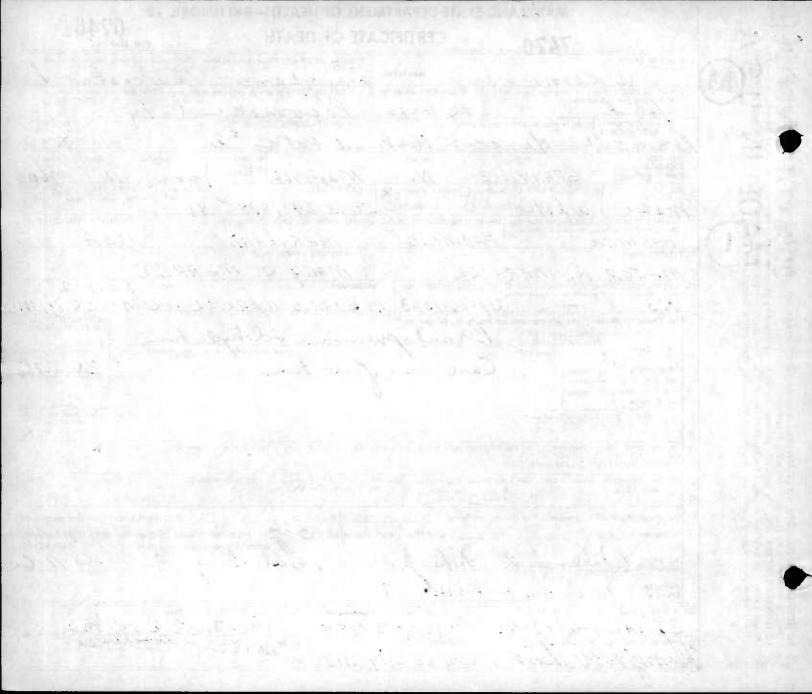
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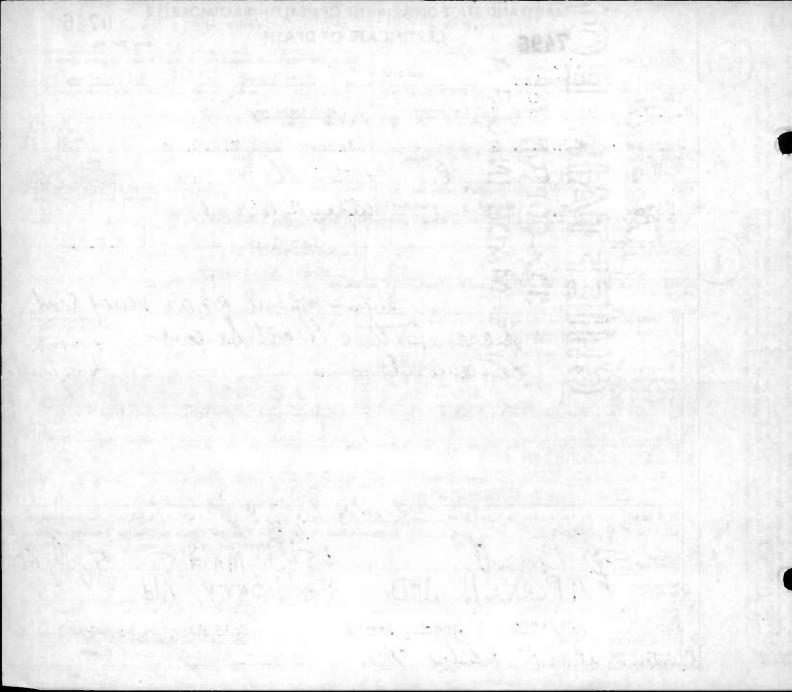
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 7469

07459

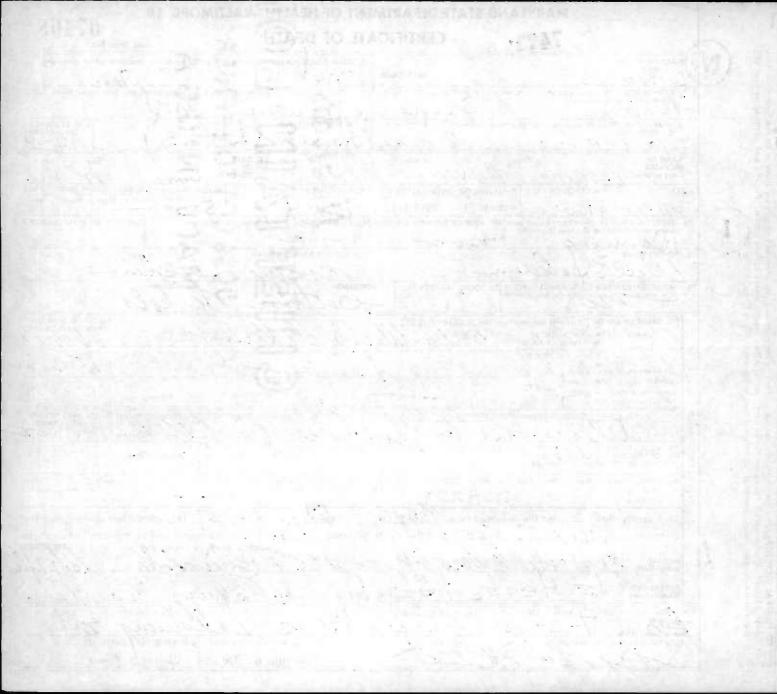
			-								
1. PLACE OF DEATH a. COUNTY	Wicomico		MAR	YLAND	g STATE	aryla		lived. If instituti b. COUNTY		ce before od	
b. CITY OR TOWN (RURAL and give n	outside corporate limie excest tawn) Salisbury		c. LENGTH OF STAY	(IN 1b	17	alis		ate limits, write R	URAL and g	give nearest	tawn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g				d. STREET A		ood B	ทาง		0	RESIDENCE N A FARM?
							1				
3. NAME OF DECEASED (Type or print)	SAF		FRANCE		LOMBARD		4. DATE OF DEATH	JU		7th	1960
5. SEX Female	6. COLOR OR RACE	7. MARRI	DIVORCE		B. DATE OF BIRTH	8,19	_	9. AGE (In years last birthday) 52 yrs.	Months Months		NDER 24 HRS.
0a. USUAL OCCUPATION	ON (Give kind af work of king life, even if retired	1		OR INDU	STRY 11. BIRTHPL	ACE (State o	or foreign co	untry)	12. CITI		AT COUNTRY?
13. FATHER'S NAME	Work at h	още	None		14. MOTHER'S			York		US	A
	ox Joseph							loria R			
15. WAS DECEASED EVE [Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s		OCIAL SECURITY NO	Mr	John L Salis	omba:	rdo(H	usband land	Lake	wood	Drive
	ATH [Enter only one co TH WAS CAUSED BY:	h	e far (a), (b), and (c)	لمنا	- Car	~					L BETWEEN
Conditions, if	DUE TO	-	oven		of R	P. V.	Sun	1		63	X
gave rise to i couse (a), stating lying couse last.										()
PART II. OTI	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAR	PE	AS AUTOPSY REFORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	N/A	OCCURRE	D. (Enter nature of	Finjury in P	art I or Part	II of item 1B.)			
20c. TIME OF INJUI Haur a. m. p. m.	N/A 19	20d. IN While at work	JURY OCCURRED Not while		ACE OF INJURY (Inches), street, office			or town) N/A		County)	(State)
	21. 1 certify that (I) (this haspital) attended the deceased from 8-26-55, 19, to 6-7-60, 19, that (I) (we) last saw the deceased alive an 6-7 19 and that death accurred 3:00% whethe causes and on the date stated above.										
22a. SIGNACIRE	l L V	~	2/		M.D. ATTENDING	DI DI	D. RECTOR	STAFF PHYS.	June	8th	22b. DATE /1960ED
NAME (Type)	Dr.Earl I	.Re	er		22d. ADDRE		en Av	e. Sa	lisbu	ry, Ma	arylan
230. BURIAL, CREMATIC REMOVAD SPECIE	al Jun.10		23c. NAME OF CEA		r CREMATORY 1 Memor	y Ga	23d. LOCAT	ION (City, town, Sal.			(Stote) ryland
24. FUNERAL DIRECTOR HOLLOWAY		S	ADDRESS ALISBURY	MA	RYT.AND		BY REGISTI	RAR 25b. REGI	STRAR'S SIG	GNATURE	
	~ 001H 11/47		- ALLOUGIL	F 4.3x y	**TTWIND	DATE	1 0 160	T ANTA	2 1	1206	

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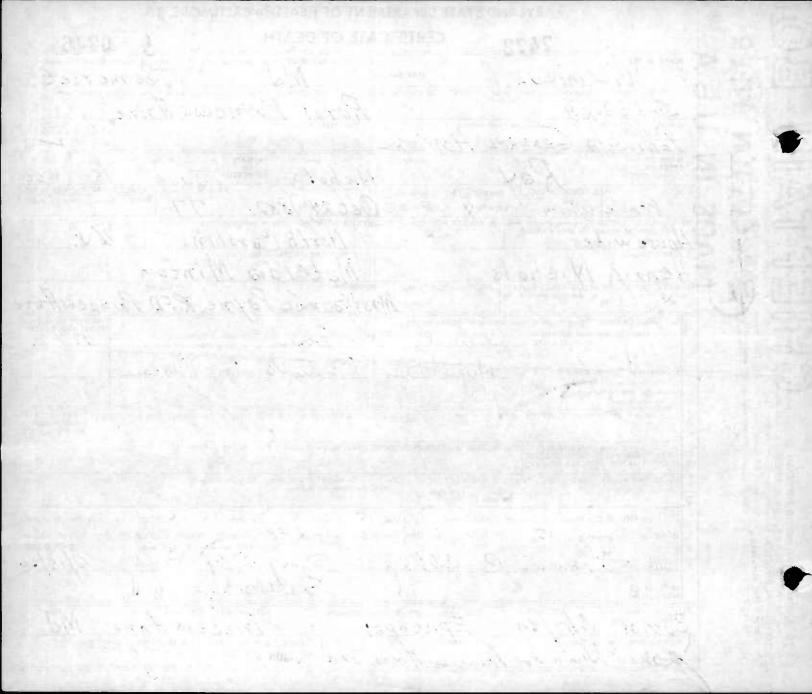


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

physician attending 6 ATTENDING by the haspite



TO HOSPITA

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
473 CERTIFICATE OF DEATH 7473

07465

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Wicomico	MARYLAND	Maryland b. COUNTY Wicomico
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Salisbury		/2 Salisbury ".
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 605 Oak H111 A	ddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
605 Oak Hill A	Ave	605 Oak Hill Ave. YES NO
3. NAME OF First DECEASED	Middle	Last 4. DATE Manth Day Year
(Type or print) GRANVILLE	BENJAMIN	PARKER DEATH JUNE 29th 1960
S. SEX 6. COLOR OR RACE 7. MARRII	ED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min.
Male White WIDOWE	D DIVORCED	June 29, 1881 79 yrs. 0 0
10a. USUAL OCCUPATION (Give kind of work done 10b. K	CIND OF BUSINESS OR INDU	
Retired Meat Cutter	Butcher	Powellville, Maryland USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Robert Parker		Mary Jane Lewis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17, 18	NFORMANT Address
(Yes, no, or unknown) (If yes, give war ar dates of service)	L4-10-8729 MI	Salisbury, Maryland Oak Hill A
1B. CAUSE OF DEATH [Enter only one cause per line		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	and hard	ONSET AND DEATH
IMMEDIATE CAUSE (a) DUE TO	er arm	The state of the s
1/1		
Conditions, if ony, which gove rise to immediate (b)		
couse (a), stating the <u>under-</u> DUE TO		
lying couse lost. (c)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
TAIL II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	PERFORMED?
5 Unevisce	ronc	YES NO X
PART-H: OTHER SIGNIFICANT CONDITIONS CO	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of item 18.)
	JUBY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State
A Hour o. m. NY /A While	ANot while for	ctory, street, office bldg., etc.)
p. m. N/A by of work	ot work	N/R
21. I certify that (I) (this hospital) attended		
saw the deceased alive ar	9-1960, and that a	death occurred a P:OMPfrom the couses and on the dote stated abave
22a. SIGNATURE	8	22b. DATE ATTENDING MED STAFE SIGNED
a faint I tille	me	M.D. ATTENDING MED. STAFF PHYS. July 30 196
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS
Dr. David J. Gil	more	Medical Center - Salisbury, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	
REMOVAL (Specify)	Donner O	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY S	SATITSBURY MA	100

7423 CERTIFICATION OF THE colmody is postwork Land Seve fred the 202 and a the foreign to the first term of the section of the section of the section TARREST TO THE PROPERTY OF A P boolersh, word if a warders leading anought with the book of Sum at budy 2, 1066 - Piccong Cer story - 4 Celleberr, Thilling " F 1-4 O ALCOH ENTERIOR STATED & AUDITOR

747% CERTIFICA	TE OF DEATH 07466
N. PLACE OF DEATH O. COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) He bron
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Pen Gen Hospital	d. STREET ADDRESS Lillian St e. IS RESIDENCE ON A FARM? YES \(\text{NO} \) NO
3. NAME OF DECEASED (Type or print) EARL WESLEY	PHIPPIN 4. DATE Month Day Yeor PHIPPIN DEATH June 21st 19 6
5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH Nov. 24, 1909 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Ost birthdoy) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee (Wayne Pump Co.)	R.D.# Quantico, Md. USA
Harrison M. Phippin	Rachel Emily Davis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or doles of service) YES (If yes, give wor or doles of service)	S. Dorothy L. Phippin(Wife) Lillian St Hebron, Maryland
Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 72
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State actory, street, office bldg., etc.)
226. SIGNATURE	deoth accurred 21: 45M, from the couses and on the date stoted obove ATTENDING MED. STAFF PHYS. June 1206.
22c. PHYSICIAN'S NAME (Type) Dr. Wilber Ellis Jr.	Medical Center Salisbury, Maryland
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CONTROL Spring Hill	l Memory Gardens Salisbury, Maryland
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY SATISBURY MAN	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE CATALON 8. Frank

TO HOSPIT. It ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours death. Page 4 may be retained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremotian, or removal, and in any event, within 72 hours after death. offer death. Page 4

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VS A1S (4) 1SM 9/SB

MARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18
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7475 CERTIFICATE OF DEATH

Reg. Dist. No. 7467

	1. PLACE OF DEATH O. COUNTY WILDOM ICO	MARYLAND	2. USUAL RESIDENCE (Where dece o. STATE Maryland	eosed lived. If institution: b. COUNTY	Residence before odmission) Worcester Wicomico
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SALISBURY	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	orporote limits, write RUR, Berlin	
2	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION GENERAL	oddress) HOSPITAL	d. STREET ADDRÉSS /Peninsul/a//0		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First	Middle	Last 4. DA	teneral/Hos	DA MAY -
	OFCEASED (Type or print) James	E.	OF.	ATH JUNE	5 1960
1	S. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS. Nonths Days Hours Min.
	MALE NEGRO WIDOW		May 22,1910	50 yrs.	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or foreign		12. CITIZEN OF WHAT COUNTRY?
-	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	F-1-16-24	
	Wesley PIerce		Ada Fook	S	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFORMANT	Address	
	HE (1785, 178 WO O SOURCE)	An	na Massadin R.	F.D.3 Berl	lin Md.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. Conditions, if ony, which gove rise to immediate couse (b).	EMFOMATE	O GASTBIC		
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN	PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I or	Port II of item 1B.)	
	Hour o.m. While	for a	ACE OF INJURY (Home, form, 20f. clory, street, office bldg., etc.)	(City or Iown)	(County) (State)
7	21. I certify that I attended the decease alive an	7	occurred at 21 A M. A.		
	PHYSICIAN'S NAME (Type) J. M. BLOX	om Tu	5.44153	UBY, M.	ABY LARD
	220. BURIAL, CREMATION, 22b. DATE THEREOF BUTIAL 6/11/1960	22c. NAME OF CEMETERY OF German To		CATION (City, town, or o	county) (Stole)
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY RE	GISTRAR 24b. REGISTR	
	(Quatra of Stallings	+ Xalid	DATE JUN 1	0 '60 au	un 3. Thouse

CERTIFICA & OF DEATH are the sheet houseast alternatively in the state of problems of heaven's ALL ALL STATE OF THE PROPERTY in the state of th . Markey and the control of the cont

PITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 k		ERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled	3 should be detoched for use as the burial-transit permit. Then please remave carbon papers. Pages 1 o	
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	e retained by the hospital or attending physician.	RE	be	/P - 3 - 10F . 17.
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VS A15 (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 7476 Reg. Dist No 468

1. PLACE OF DEATH o. COUNTY Wicomico MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Wienie								
Salight d. NAME OF HOSP OR INSTITUTION	ITY ITAL (If not in hospital, g		all	her life	11/	Sal:	isbur DDRESS		rote limits, write	RURAL ond		e. IS RES	
								7					
3. NAME OF DECEASED (Type or print)	Fi	rst		Middle		Lasi	1	4. DATE OF DEATH	M	lonth	Da		Year
S. SEX	6. COLOR OR RACE	7	J.	VER MARRIED [nell	ATE OF BIRTH	4	DEATH	9. AGE (In yea	6	3 P 1 YEAR		19 60 ER 24 HRS
Female	S. COLOR OR RACE	WIDOWE	_	DIVORCED		es. 25		24	lost birthdoy) Manths	-	Hours	Min.
	ION (Give kind of work		Las				,			1	TIZEN OF	WHAT	COUNTRY?
during mast af wa	rking life, even if retired	1)	Hem		· · · · · · · · · · · · · · · · · · ·		- more	,	//		USA		
13. FATHER'S NAME			MARIA		1	4. MOTHER'S		NAME			USA		
Lit Cot	tman						nnie	9	Cettma				
	ER IN U. S. ARMED FOR	RCES? 16. 5	SOCIAL SE	CURITY NO.	INFO	RMANT	MALE	61	52 W. MA				
(Yes, no, or unknown)	If yes, give war or dates of :		None			Emma :	Danna a		Salisbur		•		
Conditions, if gove rise to couse (a), stating, lying couse lost 20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	immediate g the under: CHER SIGNIFICANT CON AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	DEL CONTROL OF THE PROPERTY OF	ONTRIBUT	LEVAL	BUT NO	inter noture o	THETERM	NINAL DISEAS	I II of item 18.)		Q.	9. WAS PERFO	Creor.
Haur o.m.		While at work	, /		PLACE foctory	OF INJURY (I	Home, farm	20f. (City	D 1	Chat I I	(County)	v the o	(State)
actual SIGNATURE PHYSICIAN'S	Herbort Merbert	her f	S.	and that de	JM.D	So	li	ADDRESS (S	the causes of treet, city for	and on th		state	
220. BURIAL, CREMATI				ME OF CEMETER					TION (City, town	n, or county)	(Sta	te)
REMOVAL (Specif	6/6/60			en Aere			Park	Sali	lsbury,	Ma	3.11		111
23. FUNERAL DIRECTO	R'S SIGNATURE			RESS	10 1		24a. REC	D BY REGIS	TRAR 24b. RE	GISTRAR'S	IGNATU	RE	
Thornton B.	Jelley, Sa	alisbu	my.	M4			DATE	14 1 0 0	0	rthun S.	/ Chatte		

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 7477

07469

1	1. PLACE OF DEATH a. COUNTY		MARYLAND	11	USUAL RESIDENCE (Who		ed lived. If institution	_				
1		Wicomico			Maryla	en Anne's						
		b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)			c. CITY OR TOWN (If a	utside corpo	orate limits, write R	URAL and gi	ve nearest to	wn)		
	Sali	l mo. 11 da		Centre	eville	e		1 /X-	2			
	d. NAME OF HOSPITAL (If not in OR INSTITUTION	address)		d. STREET ADDRESS				e. IS R	ESIDENCE A FARM?			
1		's Head St	ate Hospital		Box 29	92				NO 🗆		
7	3. NAME OF DECEASED	First	Middle		Last	4. DATE OF	Mon	th	Day Year			
		(Type or print) Cinda			Ray	DEATH	oui		11 19 60			
	S. SEX 6. COLO	R OR RACE 7. MARR	HED NEVER MARRIED	8. [DATE OF BIRTH		9. AGE (In years , last birthday)		YEAR IF UN	_		
	Female Wh	ite WIDOWI	DIVORCED [June 6, 1917	7	43 yrs.	Monnes	dys Hour	s min.		
	10a. USUAL OCCUPATION (Give ki during most of working life, ev	ind of work done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State of	ar foreign o	country)	12.CITIZ	EN OF WHAT	COUNTRY?		
	Housewife		None		Hatfie	ld. K	entucky	1	U. S. A.			
	13. FATHER'S NAME			1	4. MOTHER'S MAIDEN N		Circaony					
	James E.	Unnt		20	Stella	Dina	000					
	15. WAS DECEASED EVER IN U. S.		SOCIAL SECURITY NO. 17	INFO	RMANT	FIRS	Add	ress				
	(Yes, no, or unknown) (If yes, give w	var or dates of service)	06-36-6626		Hospital Re	broom	Soli	ahume	Marr	land		
				-	HOSPICAL IN	ecora	s Sall	Suury				
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: I I noming							ONSET AND DEATH			
	IMMEDIA	IMMEDIATE CAUSE (a) Uremia 8 mo. ?										
	Canditions if any which Pyelouephritis								1 yr. ?			
	Conditions, if any, which average to immediate (b)								T A			
	couse (a), stating the under-											
	lying cause last.											
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?											
	Cancer of Cervix								YES			
	PART II. OTHER SIGNIF 20a. ACCIDENT WAS UNDERLE OR CONTRIBUTING — CAUSE UITE ETHER, NOTIFY MEDICAL I	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.)										
	20c. TIME OF INJURY Manth, Hour a. m. p. m.				OF INJURY (Hame, farm,		y ar tawn)	(Co	ounty)	(State)		
	Hour a.m.	19 While at war	MOI WILLIE	ractary	y, street, affice bldg., etc.	1						
		Abassital) attans	lad the deserved from	. 6	1/2/	60	6/11/	10.60	1 45-4 (1)	1 - 1 1		
		21. I certify that (I) (this hospital) attended the deceased from 5/2/ 1960, to 6/11/ 1960, that (I) (we) last sow the deceased alive on 6/11/ 1960, and that death accurred all 35PM ram the causes and an the date stated above.										
	sow the deceased alive	on0/_1/	IY_QQ, and that	dea	th accurred at 15	MrTram	the causes an	d an the		ed above.		
	220. SIGNATORE	1/11	0.0		ATTENDING ME	D	STAFF			SIGNED		
	22c. PHYSICIAN'S	- Com	ulle,	M.D	22d. ADDRESS	RECTOR _	PHYS.	Jur	ne 11,	1960		
NAME (Type)								7 3				
		. Maldve,	M.D.		58	aliso	ury, Mary	Land				
DEMONAL (Condition)									tate)			
	DUKIHLI 6.	-16-60	PEVENS	Ci	SME/ERY	10	= L+RY	LIEN	1100	24		
	24. THERAL DIRECTOR'S SIGNATU	RE /	ADDRESS	n	25o. REC'T	BYTREGIS	THAR 25b. PEGI	STRAR'S SIGI	HATURE	/		
	Momany Wall	ace_X	,	//	DATE					-		
	LL.											

TO HOSPITA VR A15 (4) 1SM 9/59

no delle Sente manny of Everytee Transfer of the East Control of the Con A Committee of the state of the pest gon beinderfor we directo Pattrioli. Sultable Vite TOTAL COMMENTS OF STREET BY Committee of the commit Markey Commercial Comm Charles with the second

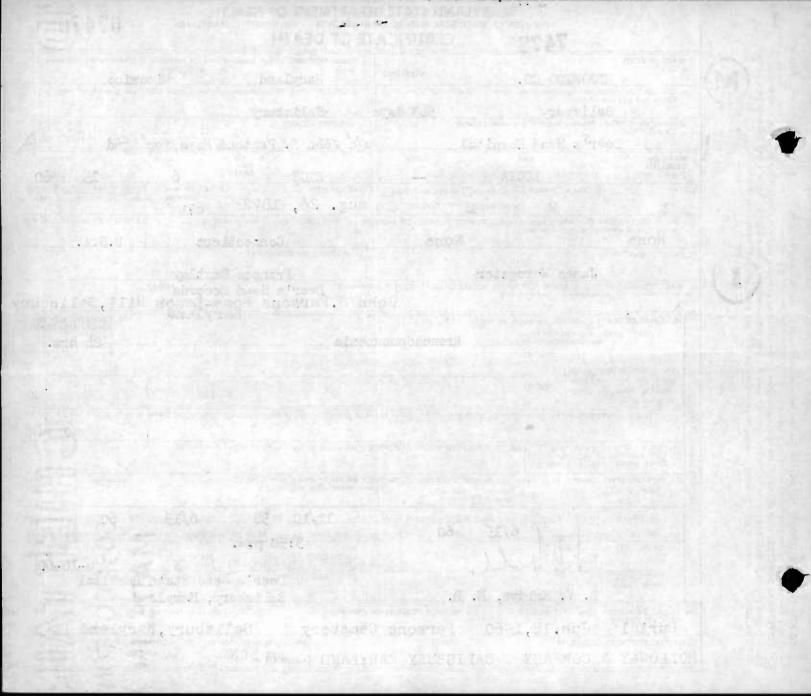
VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	64.3	5	Itom &	- m	265 6	-3-b	Det				
1. PLACE OF DEATH		11-2			g. STATE	DENCE (V	Vhere decease	d lived. If institut		e befare adm	nissian)
G. COUNTY	WICOMICO CO		MARYLA	AND		aryla	ind	b. COUNTY	icomic	0	
b. CITY OR TOWN RURAL and give	(If autside carporate limi	ts, write	c. LENGTH OF STAY IN	df l			District designation of the last of the la	orate limits, write			wn)
KOKAL dild give	Salisbury		583 d	lavs	2 5	alish	עביוווי				
OR INSTITUTION	PITAL (If not in haspitol, g		address)		d. STREET		De:	lmar Roa	d	ON	A FARMS
	Deer's Head			lo	/6/ Joh	h/B/	111/11/11	s/Home/f	on Age	A YES	□ NO □
3. NAME OF DECEASED	Fir		Middle	1100	La	st	4. DATE OF	Mo	nth	Day	Yeor
(Type ar print)		CIA	900 gas			ICE	DEATH	6		15	1960
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED		DATE OF BIRT			9. AGE (In years last birthday)		Days Hou	1
F	W	WIDOWI	DIVORCED		Aug. 2	26,	1872	87 yrs		Days Hou	rs /wiii.
Oa. USUAL OCCUPA	TION (Give kind af work arking life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHP	LACE (Stat	te ar fareign c	auntry)	12. CITIZ	EN OF WHA	TCOUNTRY
None	arking ine, even it remed		None			C	onnect	ient	II	S.A.	
3. FATHER'S NAME					14. MOTHER'S						
	James Wor	ceste	200			Fr	ancee	Bentley			
	VER IN U. S. ARMED FOR	CES? 16.		17, INFC	DRMANT D	nonla	Wood	Records	dress		
Yes. no. ar unknown)	If yes, give war or dates of s	ervice)		John	n B.Pa	rson	ns Hor	ne-Lemon	n Hil	1.Sal	isbur
TIR CAUSE OF D	EATH Enter anly one co	use per li	ne for (a) (b) and (c) 1				Me	ryland		INTERVAL	
	EATH WAS CAUSED BY:	use per in								ONSET AN	ND DEATH
40	IMMEDIATE CAUSE ()	Bronchop	neum	onia					24 h	rs.
	DUE TO										
Canditians, if)									
gave rise ta	immediate (W. S. C.		1111-11	7.66				40.0
lying cause las	g the <u>under-</u>									1/37	
	THER SIGNIFICANT CON		CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO	O THE TER	MINAL DISEAS	E CONDITION G	VEN IN PART	1(a) 19. WA	S AUTOPSY
PART II. C						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				PER	FORMED?
200 ACCIDENT	WAS UNDERLYING	20h DES	CRIBE HOW INJURY OC	CURRED	(Enter nature o	of injusy is	n Part Lar Par	rt II of item 18.)		120	A
OR CONTRIBUTION	G CAUSE OF DEATH	200. DES	CKIBE HOW HAJOKI OC	CORRED.	(Lines nature (at injury ii	in ruin ruin rui				
			ALLENO OCCUPATO	0- 0140	F OF INJUINA	/Na 6-	1005 (CI)	\	10		/CA=-A-
20c. TIME OF INJ Haur a. m		While	NJURY OCCURRED 2 Nat while		E OF INJURY ry, street, affic			y ar tawn)	(C	aunty)	(State
₽. m	10	at war									
21. I certify t	hat (I) (this haspita) attend	led the deceased f	ram	11	/10.1	9.58 . ta	6/15	19	60that (I	(we) las
	ased alive on	6/19	1960, and t	hat de	ath accurre	d at .	M fram	the causes a			
22a. SIGNATURE	dict diffe	1	/ did i	nui dei	1111 0500110	3:5	O p.m.	me caoses a	na an me	date state	22b. DATE
	401	, 1	1	M.	ATTENDIN	IG _	MED.	STAFF PHYS.		67	SIGNE
22c. PHYSICIAN'S		ww		741.	22d. ADDR			Head Sta	to II		6-60
NAME (Type	T W Mal	3	w n			D				pital	
20	L. V. Mal					S		ry, Mary			
23a. BURIAL, CREMAT REMOVAL (Speci	fy)		23c. NAME OF CEMET					TION (City, tawn,			tate)
Burial		1960		S Co	emeter	-		isbury			125-3
24. FUNERAL DIRECTO			ADDRESS			2Sa. RE	C'D BY REGIS	TRAR 2Sb. REG	ISTRAR'S SIG		
HOLLOWAY	& COMPANY		SALISBURY	MAR	YLAND	DATE	UN 20'8	Co	morning .	, 20	



funeral should the ₽. filled pup ttending m; signed burial-transit has PUNERAL DIRECTOR: A Page 3 shauld be detach 10

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Month 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months 84 yrs. 12. CITIZEN OF WHAT COUNTRY? USA Address Bing. 8151 Loch Raven Blvd. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) 19/00 to JUNE 5 1960 that I last saw the deceased and that death occurred at - - - M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) 22d. LOCATION (City, town, or county) Balt imore 24b. REGISTRAR'S SIGNATURE DATE JUN 7

YES NO

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(Stote)

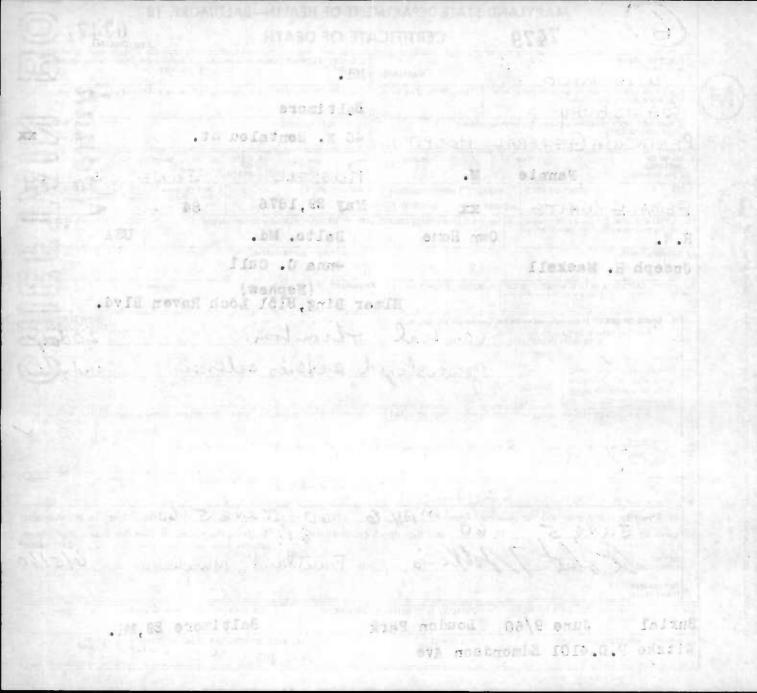
(County)

YES NO NO

(State)

Day

Year



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Orthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Page

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TELEVISION TO THE	AND THE RESERVE OF A LINE WAS ARREST OF THE STATE OF THE
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-MTIASHUD TREMTSASIG TRATE GIVALVITAN

Hill & Johnson Co. Salisbury, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO D

(Slate)

DATE SIGNED

(State)

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(County)

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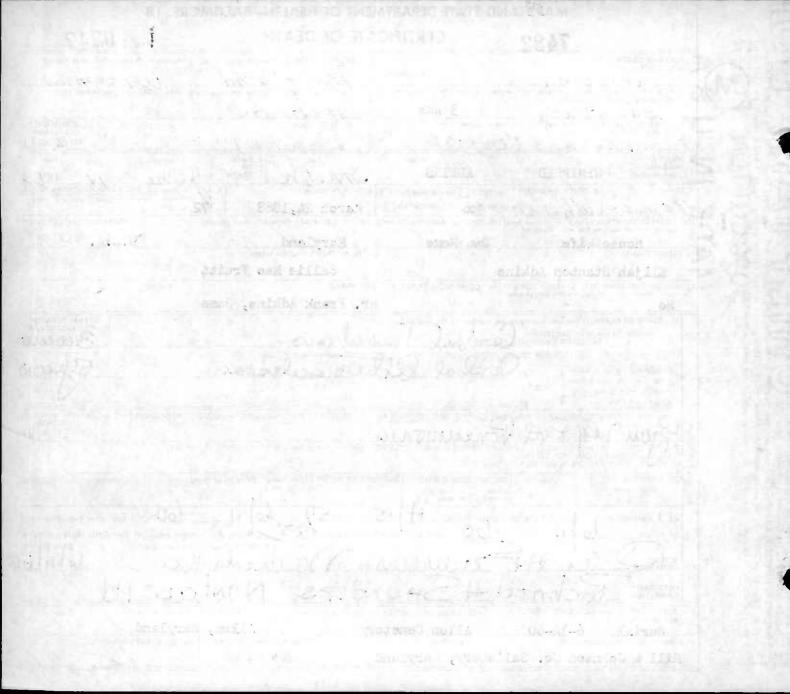
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YES NO

Year

1960

ATT by fi VS A15 (4) 15M 9/58



VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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		100		21

	7497	Ttom 8	CERTIFIC	ATE OF	DEATH				0.646	0
1. PLACE OF DEATH o. COUNTY	Wicomico		MARYLAND	II o. STATE	ESIDENCE (WH		ved. If instituti b. COUNTY		before admission)	
b. CITY OR TOWN RURAL ond give	(If outside corporate liminearest town) Salisbury	its, write c. LEI	NGTH OF STAY IN 18	c. CITY C	Salis	outside corporate	e limits, write R	URAL ond give	e nearest town)	
d. NAME OF HOSP OR INSTITUTION	R.D.# 1	give street oddress	s)	d. STREE	R.D.	# Unio	on Rd.		e. IS RESIDEN ON A FAR YES NO	W.S
3. NAME OF DECEASED (Type or print)	ERNE		Middle FRANCIS		Last DV INE	4. DATE OF DEATH	JUNE	17		
s. sex Male	White	WIDOWED [NEVER MARRIED DIVORCED	May 2	5, 489	9	AGE (In years lost birthdoy) 74 yrs.	Months 2	2	Ain.
Farmer	TION (Give kind of work orking life, even if retired	1)	of Business or ini	R	.D.Sal	lisbur			U S A	JTRY:
	Toadvine			A	nnie V	V.Hall				
1S. WAS DECEASED EV (Yes. no. or unknown)	VER IN U. S. ARMED FOR (If yes, give war ar dates of s	RCES? 16. SOCIA	L SECURITY NO.	informant irs.Mae Union	Cause	y Toad Salish	dvine(Wife)	R.D.# 1	
7 (20)	EATH [Enter only one of EATH WAS CAUSED BY: IMMEDIATE CAUSE (c) C	(0), (b), and (c).]	2 her	morr	hage			ONSET AND DEA	EN
Conditions, if gave rise to couse (a), station	immediate (. Co	re bral	thr	conf	osis			9 da	4
lying couse lost			IBUTING TO DEATH E	LUT NOT RELATED	TO THE TERMI	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ONDITION GI	VEN IN PART 1	(a) 19. WAS AUTO PERFORME YES NO	D5_
E 20a. ACCIDENT V	VAS UNDERLYING IG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE I	HOW INJURY OCCUR	RED. (Enter notur	e of injury in	Port 1 or Port 11	of item 1B.)		IES [] NO	מוכ
ZOc. TIME OF INJU	10		Not while	PLACE OF INJUR foctory, street, of			town)	(Cor	unty) (Stote
saw the dece	nat (I) (this hospita ased alive an I		1 -		7 00 06	M, fram th	e causes ar		that (I) (ve) date stated ab	
22c. PHYSICIAN'S		Jal	Vis	M.D. ATTEND PHYS. 22d. AD	DI DI	ED. RECTOR	STAFF PHYS.	June 2	0/196	QNE
NAME (Type)	Dr. Robert	Adki	ns	Fru	itland	i, Mar				
23a. BURIAL, CREMAT REMOVAL (Specif Buria	Jun. 21		NAME OF CEMETER	OR CREMATOR			N (City, tawn, Alisbu		(Stote) ryland	
24. FUNERAL DIRECTO	or's signature & COMPAN		ADDRESS ISBURY MA	ARYLAND		D BY REGISTRA N 21 '60	R 2Sb. REG	ISTRAR'S SIGN	IATURE	

HEARD TO BE AND BEACH . ht holms 6 .2.ng a k n: Sam wisk, wrote its. Time to the CHECO SHAPE SIGN BONDS Surfer of the test of the control of MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

funeral should the 20 and . 5 filled oges popers. p pon 500 physici hours remove ottending death ease a Then that the the p permit. te has been signed burial-tronsit permi physician. ottending certificate ached DIRECTOR det pe P shoul FUNERAL m page

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VS A15 (4)

15M 9/58

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FUNERAL I 0

VS. A15ME(5) 5M 9/55

EXAMINER'S

NAME (Type)

Burial

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL CREMATION, 22b. DATE THEREOF

Earl L. Royer

24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

ADDRESS Hill & Johnson Co. Salisbury, Maryland

22c. NAME OF CEMETERY OR CREMATORY

Parsons Cemetery

arthur S. Frank DATEUN 2 7 '60

22d. LOCATION (City, town, or county)

Salisbury, Maryland

ON A FARMS

60

YES NO

19

PERFORMED? YES T

DATE SIGNED

6-23-60

NO [

(Stote)

Hours

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	AND TRAINER		
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	Towns I will be the		
	Party Charles Company		
	Stockery Schools		Toyon of June Translet
		A SHALL BE SHALL SHALL	
TOTAL SALVES		A STATE	100 pt 24/20

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Circhar S. Krous

	7/95		CERTIFIC	ATE OF E	DEATH			Reg. Dist.		6418
1. PLACE OF DEATH o. COUNTY	comico		MARYLAND	o. STATE	5-0	ere deceosed liv	ved. If institution b. COUNTY Wicom		before odn	ission)
	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN 16			utside corporate	limits, write R		nearest to	wn)
d. NAME OF HOSP OR INSTITUTION				d. STREET A		y nia Ave	P S	- 42	ON	RESIDENCE I A FARM?
3. NAME OF DECEASED	nisnsula Ge		Middle	Los	it	4. DATE OF	Mon	th	Day	Year
(Type or print)	CARL		EDWARD	VAUC		DEATH	6		3	1960
S. SEX	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED DIVORCED	Dec.7,19		9.	AGE (In years last birthdoy) yrs.	Months Do	-	
10a. USUAL OCCUPAT during most of wo Floor San	rking life, even if retired	done 10b.	KIND OF BUSINESS OR INC Contractor		ACE (Stote o	or foreign coun	try)	U.S		T COUNTRY?
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME				11 11
Edward I	. Vaughn			Ros	5a A.	Bates				
1S. WAS DECEASED EV (Yes, no, or unknown) NO	ER IN U. S. ARMED FOR {If yes, give war ar dates of s		SOCIAL SECURITY NO.	Mrs. Ray	Vaugh	n, Same	Addr	ess	15	
	the <u>under-</u>)	general Cancer	ized (ivex	cer				BETWEEN ND DEATH 2 Mm +
	10		ONTRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMIN	NAL DISEASE C	ONDITION GIV	EN IN PART 1	PER	S AUTOPSY FORMED?
20g. ACCIDENT WOR CONTRIBUTION	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (Enter noture o	of injury in P	ort I or Port II	of item 1B.)			
PART II. O' OR CONTRIBUTION (IF EITHER, NOTIF DOLL TIME OF INJL. Hour o. m. p. m.	10	20d. It White of work	Not while	PLACE OF INJURY (foctory, street, office			town)	(Cou	enty)	(Stote)
ACTUAL SIGNATURE	hat I attended the	7/	ed fram. M. 194 60, and that dea	th accurred at	tland,	M, fram the		d an the c	date stat	
220. BURIAL, CREMATI REMOVAL (Specif	ON, 22b. DATE THEREC		Parsons Cemetery				N (City, town, c sbury, l			tote)
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		240. REC'E	BY REGISTRA	R 24b. REGIS	TRAR'S SIGN	ATURE	77 35

DATEJUN 6

Hill & Johnson Co. Salisbury, Maryland

VS A1S (4) 1SM 9/SB

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		#W# 2 8	The growters	
	Les Virginia ava	La Megacia Livra	Perlaceda Cent	
08 24 8.	B MARIE WHEN DAY	CHANCE	DEAL	
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	tes, der Varger, Sone			Os.
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		en de la companya della companya della companya de la companya della companya del	DI. Robert Adia	
Manager .	guesti	Paymonia Con	De mo Como D	
	and the state of t	Carlina : strikel	decinac. Co. Un	LON

FOR STATE HEALTH DEPT TO DEPUTATIONEL EXAMINER: This certificate should be executed within 24 hours after death. If any to so necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

7. DEMEDICAL EXAMINER'S CERTIFICATE OF DEATH

7. DEMEDICAL EXAMINER'S CERTIFICATE OF DEATH

-	1445	The state of the s	
	. PLACE OF DEATH * 200	2. USUAL RESIDENCE (Where deceased	d lived, If Institution: Residence before admission)
	a. COUNTY COL CO MARYLAND	a. STATE Md.	b. COUNTY Worcester
1/1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate li	imits, write RURAL and give nearest town)
1)	write RURAL and give nearest town)	Berlin	23x-2
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address)	d. STREET ADDRESS	e. IS RESIDENCE
9	Peninul Jenul Horp.	Purnell Ca	ON A FARM? YES NO P
1	NAME OF First Middle	Last 4. DATE OF	Model Day Year
	(Type or print) Nathaniel Mario	walker DEATH C	- 4 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. 1 20 last	(In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	WIDOWED DIVORCED		Months Days Hours Min.
	108. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired)	Y 11. CIRTHPLAC (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	hubor	NorthCarolin	43 A.
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	()
	· hulman	Lilliewa	1122
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address
		ouise walker	R+D. 2 Showell h
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	0 0 0 =	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	leholenn	ONSET AND DEATH
	3 A	0 0	X
	DUE TO PLANTE	alche	year
-1	Conditions, if any, which gave rise to immediate cause		A
	(a), stating the underlying DUE TO		0
	cause last. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	OT RELATED TO THE TERMINAL DISEASE CONDI	ITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (6	inter nature of injury in Part I or Part II of item 1	
	PRIMARY or CONTRIBUTING 200. DESCRIBE HOW INJUST OCCURED. IN	the nature of injury in rail (of rail if of flem)	0.)
		CE OF INJURY (Home, farm, 20f. (City or tox	wn) (County) (State)
	Hour a.m. While Not While fact	ory, street, office bldg., etc.)	
	p.m. 19 at work at work 21. I certify that I took charge of the remains described above, he	ld an Autopsy Inspection	Inquiry and in my opinion
	death resulted from: Natural causes . Accident . Suice		mined manner
		CHIEF MEDICAL EXAMINER	
300	ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S Land L. L.	DEPUTY MEDICAL EXAMINER	6-10-10
=	NAME (Type) 12a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	Address (Street, city, town, or county	City, town, or country) (State)
1	REMOVAL (Specify)	226. COCATION I	LIV, town, or country
	Bund 112-65 Barrie	- Mary	- N. Corolina
	23 FUNERAL DIRECTOR RIVER ADDRESS	9	24b. REGISTRAR'S SIGNATURE
	Clint 1. Harnet) which	DAJUN 1 6 '60	arthur S. Kraus

SEED FOR SHOULD BE AND SHOULD BE What were A MILE OF THE SECOND AS with with the dispersion of the whole Service States and the service of th SELECTION OF THE SELECT most transfer on the new

VS A1S (4) 1SM 9/SB

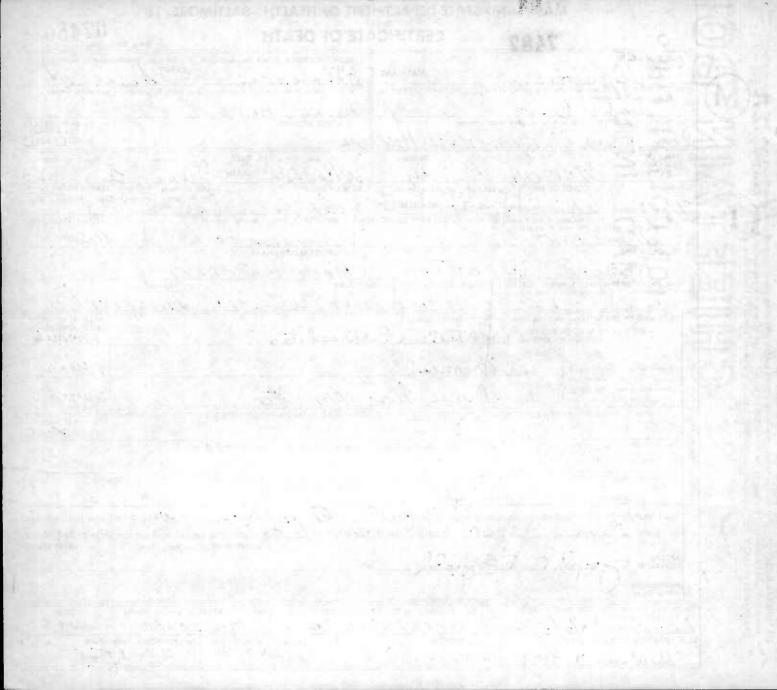
ARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18

7487 CERTIFICATE OF DEATH

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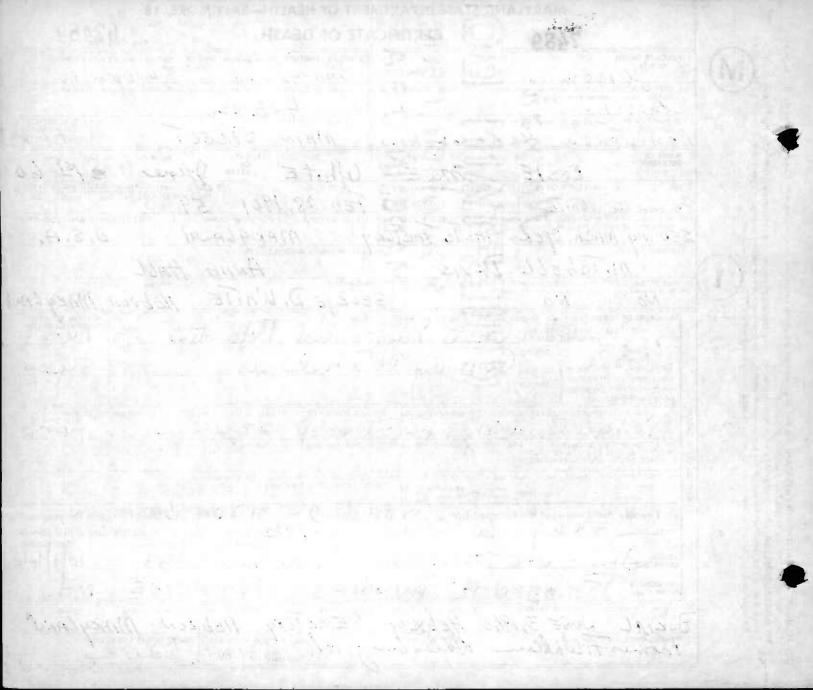
d. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL opd give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Lahisbury !	mills bord 46x-3
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Peninsula Deneral Hospi	TAL YES NOD
3. NAME OF DECEASED First Middle	Lost 4. DATE Month Day Year
(Type or print) Mervin Rarry	Whatton DEATH June Q 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
make White WIDOWED DIVORCED	5/25/1920 40 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
MERCHANT	DOLAWARE USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ROBERT WHARTON	MARY LATHBURY
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	INFORMANT Address
Wes # 2 221.67-8694 1	DOLLY WHARTON MILLS BORD DAL.
18/ CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Constructor	ericardition onset and death
DUE TO	
Condition is for which a Manageria	1 year
gave rise to immediate	4 0 00
lying couse lost.	n. Naphritis 20 grs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	PERFORMED? YES TO NO
= 20g, ACCIDENT WAS UNDERLYING TO 20b, DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PI	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to Hour a.m. p. m. 19 al work of ot work	octory, street, office bldg., etc.)
21. I certify that I attended the deceased fram Quesus	2 1028 4 2 20000 10/5/11 11 1
	, 1900, that I last saw the deceased
dive dri dedri	h accurred at A.M., fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
ACTUAL - OC E-9. 00	7.25.16.5 (6.1.5.1, 6.1.7 6.1.6.1.1, 7.1.6.1.5)
SIGNATURE SCAPE TO THE SECOND	.M.D.
PHYSICIAN'S NAME (Type)	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	DR CREMATORY 22d. LOCATION (City, town, or county) (Slote)
REMOVAL (Specify)	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
Watson + Gray Mellshore &	DATE JUN 7 '60 Orthur S. Kraus
willege my mountains, of	DAIE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 2b

CERTIFICATE CHARGE CHARGE STEEL STOLE STOLEN STOL pasing the second of the secon return to the company of the company and the company that There is the first of the second of the second of the second distribution of the contract o manifest the second THE THE DESCRIPTION OF THE PROPERTY OF THE PRO MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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Page 4	be filed with	
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physician and campletely filled in by the fun finance carbon papers. Pages 1 and 2 shauld have alreadeath. R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

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T	D	-	0	the registrar priar to burial, cremation, ar remaval, and in any event within 72
0	-	0	page 3 shauld be detached far use as the burial-transit permit. Then please pl	-
-		Ĕ		
TO HOSPITA R ATTENDING PHYSICIAN: The law requires that the death ce		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending	41	
V5	AI	2 (4)	
151	1 9	/58	1	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 749

Items	2,8,9	CERTIFI	Film	G267 OF DE	7/15/ ATH	16
C)						

	Real	7498 Tems		ATE OF DEAT	LH 12/00	1WK Re	g. Dist. Nol) 74	183
	PLACE OF DEATH D. COUNTY Wi	comico	MARYLAND	2. USUAL RESIDENCE (o. STATE Mary		. COUNTY,	sidence before odmis	
	B. CITY OR TOWN (III	autside corporate limits, write	c. LENGTH OF STAY IN 16		If outside carporate lin		ond give nearest townk Circle	
	or institution	AL (If not in hospitol, give street (Private hom		d. STREET ADDRESS	Towson,	Md.	ON	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	First EVA	Middle MORRIS	WHITE	4. DATE OF DEATH	Manth 6	Day 29	Year 19 60
5. 5	Female		RIED NEVER MARRIED	8. DATE OF BIRTH	9. AG 873 86 lost		NDER 1 YEAR IF UND	
_	. USUAL OCCUPATIOn during most of work House Wi FATHER'S NAME	M (Give kind of work dane 10b. ing life, even if retired) fe (Sales lady e Morris	KIND OF BUSINESS OR INDU	/ / / / -	ate or foreign country) and NAME		U.S.A.	OUNTRY?
15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FORCES? If yes, give war ar dates of service)		INFORMANT rs. Paul Phi	llips, Tow	Address son, Mar	yland	čc.
		nmediote (Carehal ar	hemore	lage		INTERVAL BIONSET AND	
CERTIFICATION	20a. ACCIDENT WA	CAUSE OF DEATH!	CRIBE HOW INJURY OCCURRE	In Lent o	lis.		PERFC	AUTOPSY DRMED?
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	While	NJURY OCCURRED 20e. PL Not while k ot wark	ACE OF INJURY (Home, fo ctary, street, affice bldg.,	orm, 20f. (City ar tov	vn)	(County)	(State)
	21. I certify the olive on	Great h. Ernest M. La:	James James	M.D. Delmar,	5PM, from the condition of the condition	auses and or	DA	-
220	BURIAL, CREMATION REMOVAL (Specify) Burial		22c. NAME OF CEMETERY OF WICOMICO Mem	OR CREMATORY	22d. LOCATION (te)
	FUNERAL DIRECTOR'S	signature son Co. Salisbu	ADDRESS ry, Maryland		SUL 1 '60	24b. REGISTRAN	R'S SIGNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	MOIT OF STATISTION	E MADELLION MILE	KECOKOS - DA	- 41
7490	CE	RTIFICATI	OF DEAT	H

1. PLACE OF DEATH o. COUNTY			MARYLAND	2. USUAL RESIDENCE		d lived. If instituti b. COUNTY		fore admission)		
	icomico	A	c. LENGTH OF STAY IN 1b	+	yland		Somerse	30		
RURAL and give nearest town)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Salisbury 12 Days				d. STREET ADDRE	Incess A	me		7X-d		
d. NAME OF HOSPI	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				SS			e. IS RESIDENCE ON A FARM?		
	eer's Head	Stat	e Hospital	Route 3						
3. NAME OF DECEASED	Fir	st	Middle	Last	4. DATE OF	Moi	nth [Day Yeor		
(Type or print)	No	ra	E.	White	DEATH	Jur		19 60		
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)		AR IF UNDER 24 HRS.		
Female	White	WIDOWE	DIVORCED	March 12.	1868	92 yrs.		Hours Min.		
10a. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE	(State or foreign o	country)	12. CITIZEN	OF WHAT COUNTRY?		
Housev		'	None	Mary	vland		U.	S. A.		
13. FATHER'S NAME	1.			14. MOTHERIS MAIL			7 0 3 1 1			
Lett le	ton	4.1.			F. Murel					
15. WAS DECEASED EVE	Bloodswor		SOCIAL SECURITY NO. 117.	INFORMANT	re Hurer		dress			
	(If yes, give war or dates of s				-7 Pagan	de Sol	lisbury,	Maryland		
1				nospica	al Recor	us ba.				
	ATH [Enter only one co	use per lu	ne for (a), (b), and (c).	71	1		01	ITERVAL BETWEEN		
PARI I, DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	rebral	Mron	Mose	2		1 hr		
332	DUE TO		L 1	. 1 1		Marine II.	1			
Conditions, if a	ony which)	. 1	Teurales	ed. (1)	Tini	osch	14	7011		
gove rise to i	mmediate (1		Marie		oca-uz	- 9		
lying cause lost.	rne <u>Under-</u>		0				0.00			
	HER SICHIEICANIT CON	-	CONTRIBUTING TO DEATH BU	IT NIOT BELATED TO THE	TERMINIAL DISEAS	E CONDITION OF	VENI INI BART 1/-1	I WAS ALITOPSY		
₽	HER SIGNIFICANT CON	באסוווטוי	ONIKIBUTING TO DEATH BE	I NOI KELATED TO THE	TERMINAL DISEAS	SE CONDITION GI	VEIN 114 FAKT 1(G)	PERFORMED?		
I CA		,						YES NO NO		
PART II. OT	AS UNDERLYING CONTRACTOR	20b. DES	CRIBE HOW INJURY OCCURE	ED. (Enter noture of inju	ry in Port 1 or Po	rt II of item 18.)				
	MEDICAL EXAMINER)									
S 20c. TIME OF INJU	RY Month, Day, Ye			LACE OF INJURY (Home	, form, 20f. (Cit	y ar tawn)	(Count	y) (State)		
20c. TIME OF INJUI Haur o. m. p. m.	(19	While of wor	IAOL MUIIS	actory, street, affice bldg	J., erc.)					
	. (1) (1) 1	_		E/22/	19.60, ta	6/4/	10 60	that (I) (we) last		
		1111	led the deceased fram							
saw the decea	sed alive an	6/4/-	19_0(), and that	death accurred at		the causes ar	nd an the da			
22a. SIGNATORE	74			ATTENDING	P.M.	STAFF		22b. DATE SIGNED		
Ose,	L dans	rey		M.D. PHYS.	DIRECTOR	PHYS.	June 4	22b. DATE SIGNED		
22c. PHYSICIAN'S NAME (Type)		/		22d. ADDRESS						
1 1 mile (1) pe)	Lee L. La	wry,	MD		Sal	isbury,	Maryland			
23a. BURIAL, CREMATIC	ON, 23b. DATE THEREC	OF.	23c. NAME OF CEMETERY	OR CREMATORY	23d, LOCA	TION (City, town,	or county)	(Stote)		
REMOVAL (Specify		1	St. And	ep lace	10	inger	- Hnn	- M1		
24. FUNERAL DIRECTOR	's SIGNATURE		ADMESS	250	REC'D BY REGIS	TRAP 25L BEC	ISTRAR'S SIGNAT	LIRE VIJO		
Man e	1 1		1/2	· K			Irthun S. H			
go mis	Henr	ula	Trinces	Anne DAT	E JUN 1		25, 76			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7499 CERTIFICATE OF DEATH

Reg. Dist. No. 07485

1. PLAC o. CC	CE OF DEATH	icomico		MARYLA		USUAL RESIDENCE (W	THE PERSON	lived. If institution b. COUNTY			ission)
b. CI	TY OR TOWN (If	outside corporate lim	its, write	c. LENGTH OF STAY IN	ч 16	c. CITY OR TOWN (IF	outside corpor	ote limits, write R	URAL ond give	nearest to	wn)
		n - Rural		17 days		Dento	n	01	5X-	7	
d. N	AME OF HOSPITA	AL (If not in hospital, s	give street			d. STREET ADDRESS	TO TO			e. IS RI	ESIDENCE A FARM?
Me	aple Sha	de Convale	scen	t Home		301 Sout	h 7th S	Street			□ NO 🔼
	NE OF EASED or print)	Fii Mar	tina	Middle	V	lilley	4. DATE OF DEATH	June		Day	Yeor 19 60
5. SEX		6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1 Y	_	-
Fer	nale	White	WIDOW			vember 28,	1871	88 yrs.	Months Do	ys Hours	s Min.
dur	UAL OCCUPATIO ing most of worki Housew HER'S NAME	ng life, even if retired	done 10b	KIND OF BUSINESS OR Home	INDUSTRY		c or foreign co			OF WHAT	COUNTRY
IS. PAIR						Mary Nic					
15 14/45		Andrew	CES2 14	SOCIAL SECURITY NO.	INFO	RMANT TILL	HOTS	Add	rast.		
Yes, no.	or unknown)	f yes, give war or dates of	ervice)	None		James H.	Knov I			1	
RTIFICATION SOCIAL SOCI	. ACCIDENT WA	imediate he under. DUE TO (c) ER SIGNIFICANT CON UNDERLYING CAUSE OF DEATH	Se ZA	CONTRIBUTING TO DEAD		/	AINAL DISEASE		'EN IN PART 1(d	\$ 16.0 19. WAS PERF	S AUTOPSY PORMED?
WEDICAL 20c.	TIME OF INJURY Hour o. m. p. m.	MEDICAL EXAMINER) Month, Doy, Ye 19	While of wo	Not while	foctory	OF INJURY (Home, for, street, office bldg., et	c.)		(Cour		(Stote
ACT SIG		5 Kug S. K.4	19/ 1/20 1/20 1/20 1/20 1/20 1/20 1/20 1/2	Cau That 22c. NAME OF CEMET	M.D.	curred at 11:45	ABDRESS (Str		d an the d	de state	
23. FUN	EPAL DIPECTOR'S	SIGNATURE	- 1	ADDRESS		24- 050	'D 8Y REGISTI	RAR 24b. REGI	STRAR'S SIGNA		
I.J.J.	J.J. Framptom and Son, Federalsburg, Maryland										

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MARYLAND STATE DEPARTMENT OF HEALTH 7500 CERTIFICATE OF DEATH

07486

1. PLACE OF DEATH c. COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give neacest town) Salisbury (Rural)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury (Rural)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION D.# 4 (Parker Rd.)	d. STREET ADDRESS R.D.# 4 (Parker Rd) e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle	RLY (WONDERI I CHA)H JUNE 18th 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED MOVER DIVORCED	B. DATE OF BIRTH Dec . 18, 1870 9. AGE (In yeors lost birthdoy) yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None House Work	Fulton County Pa. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(Unk) Evertta	No Record
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dates of service)	Orman L. Sherman (Son) 108 Talbot St Easton, Maryland
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (o), storing the under: DUE TO DUE TO	heart disease 5413.
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (County) (State)
21. I certify that (I) (this haspital) arrended the deceased from saw the deceased glive an	death accurred atM, from the causes and an the date stated abave.
22- PHYSICIAN'S CHAME (Type) Dr. Earl Beardsley	M.D. ATTENDING M MED. STAFF DIRECTOR DI
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF Burial Jun. 22,1960 Parsons	
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY SALISBURY MAR	25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ATLAND DATE 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE CALLAND ATLAND

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